

P 98000065087

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700002595737--7
-07/22/98--01079-012
****131.25 ****131.25

SUBJECT: THE MICHAEL SHERMAN COMPANY
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHAEL A. SHERMAN
Name (Printed or typed)

6518 APPALDOSA DRIVE
Address

TAMPA, FL 33625
City, State & Zip

(813) 920 - 6483
Daytime Telephone number

98 JUL 22 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

M 7-24-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Michael Sherman Company

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

7225 W. Hillsborough Ave.
Tampa, Florida 33634

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten (10) shares of stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent is:

Michael A. Sherman
6518 Appaloosa Drive
Tampa, Florida 33625

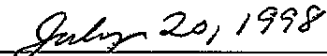
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael A. Sherman
6518 Appaloosa Drive
Tampa, Florida 33625



Signature/Incorporator

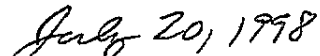


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA