TRANSMITTAL LETTER

8000078216

Department of State **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

(Proposed corporate name - must include suffix)

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

□ \$78.75

□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	3447 MARI	HERRING Printed or typed) INSPIKE DR Address	ASSE	OR SEP-4
_	TAMPA FL 33607 City, State & Zip		OF STATE	₹ П © O
_	(813) Daytime	289 8240 Telephone number	 	

& CHESSER

□\$122.50

\$131.25

SEP 9

1998

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

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:

HERRING BUSINESS SERVICES, INC.



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

7028 W WATERS AVE -

TAMPA, FL 33634

SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHRISTOPHER HERRING

3447 MARLINSPIKE DR TAMPA, FL 33607

ARTICLE V INCORPORATOR

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

CHRISTOPHER HERRING 3447 MARLINSPIKE DR TAMPA, FL 33607

(An additional article must be added if an effective date is requested.)

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

znature/Registered Agent