## TRANSMITTAL LETTER

## P9900000793

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

SUBJECT: He	ERSTON, INC.	,		
	(Proposed corpor	ate name - must include su	ffix) <sup>.</sup>	
		e ve en	30000272 -01/04/99- ****122.5	-01065 <u>01</u> 0_
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 CO	DPY REQUIRED	<u> </u>
FROM: _	JOHN W. HER Name (Pr	STON inted or typed)		·
-	944 W. TARPO	N BLVD.	JAK	99 99
-	PORT CHARLOTTE City,	, FL 3395 State & Zip	CAHASSE	
-	941 - 624 - 3 Daytime To	333 <u>2</u> elephone number	E, FLORIDA	ED PM 2: 35

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

08/15

## 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
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The name of the corporation shall be:

HERSTON, INC.

ARTICLE II PRINCIPAL OFFICE

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

944 W. TARPON BLVD. PORT CHARLOTTE, FL 33952

ARTICLE III SHARES

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

1.000 SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN W. HERSTON 944 W. TARPON BLVD. PORT CHARLOTTE, FL 33952

ARTICLE V INCORPORATOR

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

JOHN W. HERSTON 944 W. TARPON BLVD

PORT CHARLOTTE, FL 33952

Signature/Incorporator

(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

Signature/Registered Agent