

TRANSMITTAL LETTER

P99000013559

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

SUBJECT: ALBERT ST. MATHEWS INC.
(Proposed corporate name - must include suffix)

000002769020--5
-02/09/99--01029--011
*****87.50 *****87.50

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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ALBERT OGUNTULA
Name (Printed or typed)

8320 W. POCAHONTAS AVE.
Address

TAMPA, FL 33615
City, State & Zip

(813) 884-8759
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB -9 PM 12:21

FILED

2/11/99
[Signature]

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:

ALBERT ST. MATTHEWS INC

ARTICLE II PRINCIPAL OFFICE

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

8320 WEST POCAHONTAS AVE.
TAMPA, FL 33615

ARTICLE III SHARES

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

7,500 SHARES - OF common STOCK - PER VALUE
\$1.00 PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALBERT OGUNTULA
8320 W. POCAHONTAS AVE.
TAMPA, FL 33615

ARTICLE V INCORPORATOR

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

ALBERT OGUNTULA
8320 W. POCAHONTAS AVE.
TAMPA, FL 33615

Albert Matthews
Signature/Incorporator

01/20/99
Date

(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

Albert Matthews
Signature/Registered Agent

01/20/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA