

P99000033500

TRANSMITTAL LETTER

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

FILED
99 APR - 8 AM 10:30
DIVISION OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: STOCKLIN ENTERPRISES INC.
(Proposed corporate name - must include suffix)

200002833462--9
-04/08/99--01078--010
*****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: MARK STOCKLIN
Name (Printed or typed)

11028 SYLVAN POND CIRCLE
Address

ORLANDO FLORIDA 32825
City, State & Zip

407-823-9545
Daytime Telephone number

SHARON

APR 13 1999

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:

STOCKLIN ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

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

11028 SYLVAN POND CIRCLE
ORLANDO, FLORIDA 32825

ARTICLE III SHARES

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

100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK STOCKLIN
11028 SYLVAN POND CIRCLE ORLANDO, FL 32825

ARTICLE V INCORPORATOR

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

MARK STOCKLIN
11028 SYLVAN POND CIRCLE
ORLANDO FLORIDA 32825

ML 25A

Signature/Incorporator

4-5-99

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

ML 25A

Signature/Registered Agent

4-5-99

Date

FILED
99 APR -8 AM 10:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE