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TRANSMITTAL LETTER

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

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-05/05/99--01041--018
*****87.50 *****87.50

SUBJECT: TERDA CORPORATION
(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 of Status

☐ \$78.75 Filing Fee
& Certified Copy

☒ \$87.50 Filing Fee
Certified Copy
& Certificate of
Status

✓ ADDITIONAL COPY REQUIRED

FROM: DAVID A. MYERS
Name (Printed or typed)

6518 KING PALM WAY
Address

APOLLO BEACH FL 33572
City, State & Zip

813-641-9636
Daytime Telephone number

SHARON

MAY 10 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:

JERDA CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

6518 KING PALM WAY
APOLLO BEACH, FL 33572

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID A. MYERS
6518 KING PALM WAY
APOLLO BEACH, FL 33572

ARTICLE V INCORPORATOR

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

DAVID A. MYERS
6518 KING PALM WAY
APOLLO BEACH, FL 33572

David A. Myers
Signature/Incorporator

5-1-99
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

David A. Myers
Signature/Registered Agent

5-1-99
Date

FILED
99 MAY -5 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA