

TRANSMITTAL LETTER

P990000 43378

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

SUBJECT: HOUSE CHECK OF TAMPA BAY, INC.
(Proposed corporate name - must include suffix)

100002869691--1
-05/10/99--01119--015
*****78.75 *****78.75

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: DOUGLAS KORSHON
Name (Printed or typed)

P.O. BOX 26684
Address

TAMPA, FLORIDA 33623-6684
City, State & Zip

813-287-9882
Daytime Telephone number

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

FILED
1999 MAY 10 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Purinton MAY 12 1999

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: House Check of Tampa Bay, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:
P.O. Box 26684
Tampa, Florida 33623-6684

ARTICLE III 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

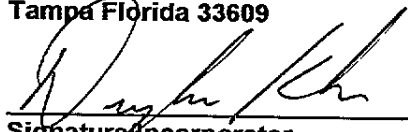
The name and Florida street address of the initial registered agent are:

Douglas Korshun
110 Alameda Ct #229
Tampa Florida 33609

ARTICLE V INCORPORATOR

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

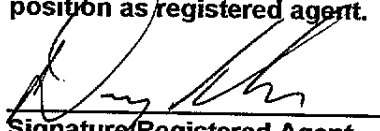
Douglas Korshun
110 Alameda Ct #229
Tampa Florida 33609



Signature Incorporator

5/5/99
Date

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

5/5/99
Date

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TALLAHASSEE, FLORIDA