

TRANSMITTAL LETTER

P99000064467

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

SUBJECT:

SYMBIC ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

100002929571--3
-07/13/99--01021--006
*****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:

FRANK L. THOMPSON
Name (Printed or typed)

179 BRUSHCREEK DR.
Address

SANFORD, FL 32771
City, State & Zip

(407) 323-4119
Daytime Telephone number

FILED
99 JUL 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPERATION

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLES I NAME

The name of the corporation shall be:

Symbic Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address

PMB 460 Suite 108, 478 E. Altamonte Dr., Altamonte Springs, Fl 32701-4615.

Street Address

440 E. Highland St., Altamonte Springs, Fl. 32701

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Frank L. Thompson
179 Brushcreek Dr.
Sanford, Fl
32771.

ARTICLE V INCORPORATOR

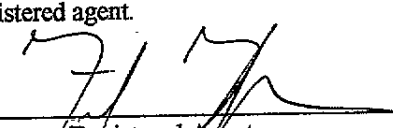
The name and address of the incorporator to these Articles of Incorporation are:

Frank L. Thompson
179 Brushcreek Dr.
Sanford, Fl
32771.


Signature/Incorporator

07/08/99
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

07/08/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA