

TRANSMITTAL LETTER

P990000067704

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

FILED
99 JUL 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Streichler 233 INC
(Proposed corporate name - must include suffix)

400002941364--4
-07/26/99-01122--003
*****70.00 *****70.00

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Richard Streichler
Name (Printed or typed)

4793 ESEDRA Ct. Apt 101
Address

LAKE WORTH FLA. 33467-0000
City, State & Zip

561 968 7149
Daytime Telephone number

7/30/99
[Signature]

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:

STREICHLER 233 INC.

ARTICLE II PRINCIPAL OFFICE

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

4793 ESEDRA CT Apt 101
LAKE WORTH FLA 33467-0000

ARTICLE III SHARES

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

10 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RICHARD STREICHLER
4793 ESEDRA CT. - Apt 101
LAKE WORTH FLA. 33467-0000

ARTICLE V INCORPORATOR

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

RICHARD STREICHLER
4793 ESEDRA CT. Apt 101
LAKE WORTH FLA 33467-0000

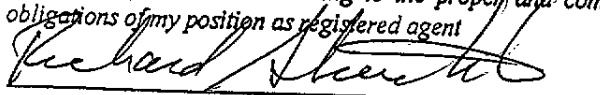

Signature/Incorporator

7/21/99
Date

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(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


Signature/Registered Agent

7/21/99
Date