## P 9 9 0 0 0 0 7 6 4 0 5

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

400002967204--1 -08/23/99--01129--014 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	Matthews Discount Corp.	-	
Enclosed is an original	and one(1) copy of the article	s of incorporation and	d a check for the second of th
□\$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Filing Fee, Filing Copy & Certificate Filing
		ADDITIONAL CO	PY REQUESTED
FROM:	Jim Kragh	· · ·	
	672 Post Oak Circle	<del></del> .	·
	Unit 110	<del></del>	
	Altamonte Springs, FL	32701	

F. CHRESSER AUG 2, 5 1999

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

# NUG 23 AMIII:

#### 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:

Matthews Discount Corp.

#### ARTICLE II PRINCIPAL OFFICE

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

672 Post Oak Circle Unit 110 Altamonte Springs, Florida 32701

#### 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:

Benjamin L. Platt 403 Anastasia Blvd, Ste 1 St. Augustine, FL 32084

#### ARTICLE V INCORPORATOR

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

Jim Kragh 672 Post Oak Circle Unit 110

Altamonte Springs, Florida 32701

(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/Incorporator

Date