

Transmittal Letter

P95000012164

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

Subject: C. A. ORANCHAK INC.
(proposed corporate name)

Enclosed please find an original copy of the articles of incorporation for the above corporation and a check in the amount of \$70.00 (\$35.00 for Registered agent fee and \$35.00 for filing fee).

From; CRAIG ORANCHAK
Name
18340 102 WAY S.
Address
BOCA RATON, FL. 33498
City, State, & Zip
(407) 451-1184
Telephone Number

FILED
1995 FEB 12 PM 4:19

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Send this copy to State of Florida

Articles of Incorporation of

C. A. ORANCHAK INC.
Name of Company

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act, hereby adopt(s) the following articles of incorporation.

Article 1 Name.

The name of the corporation shall be C. A. ORANCHAK INC.

Article 11 Principal Office and mailing address.

18340 102 WAY S. BOCA RATON, FL. 33498

Article 111 Capital stock.

The number of shares of stock that is authorized to have outstanding at any one time is 500 shares of \$1.00 par.

Article 1V Initial Registered Agent and Address.

The name and address of the initial registered agent

is: CRIG ORANCHAK 18340 102 WAY S. BOCA RATON, FL. 33498

having been named as registered agent and to accept service of process for the corporation at the place designated, I hereby accept appointment 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. Sign: Craig Oranchak

Article V Incorporator(s) (One incorporator is sufficient)

Name Address

CRIG ORANCHAK 18340 102 WAY S. BOCA RATON, FL. 33498

The undersigned has(have) executed these Articles of incorporation this 4 day of FEBRUARY, 1995.

Craig Oranchak
Signature/title

PRESIDENT

Signature/title

Signature/title

FILED
FEB 10 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012164

1. Corporation Name
C. A. ORANCHAK INC.

Principal Place of Business
18340 102ND WAY S.
BOCA RATON FL 33498

Mailing Address
18340 102ND WAY S.
BOCA RATON FL 33498



REINSTATEMENT *96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
State, Apt. #, etc.	City & State	State, Apt. #, etc.	City & State
Zip	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida	02/10/1995
5. FEI Number	650552909
Applied For	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	CRAIG ORANCHAK	18340 102 WAY S.	BOCA RATON, FL 33498

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****375.00 ****375.00

9B11-1-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ORANCHAK, CRAIG 18340 102ND WAY S. BOCA RATON FL 33498		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

CR2040 (7/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: *10-1-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I hereby certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *10-1-96* Daytime Phone #: *561-451-1184*