

P96000026821

TRANSMITTAL LETTER

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

700001741527
-03/13/96--01065--012
*****78.75 *****78.75

SUBJECT: C * M FRAMING INC.
(Proposed corporate name - must include suffix)

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: Charles Baker
Name (printed or typed)

P. O. Box 1435
Address

INVERNESS FL 34451
City, State & Zip

1-352-344-0102
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

66 MAR 13 AM 10:17

FILED

W96-5959
691,706

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 20, 1996

CHARLES BAKER
PO BOX 1435
INVERNESS, FL 34451

SUBJECT: C & M FRAMING INC.
Ref. Number: W96000005959

We have received your document for C & M FRAMING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Sheldon Bream
Document Specialist

Letter Number: 896A00012660

ARTICLES OF INCORPORATION

FILED

96 MAR 13 AM 10:17

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C & M FRAMING INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1435

Inverness, Fla 34451

ARTICLE III SHARES

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

~~1000~~ 100 shares. such shares of a single class with a common value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles Baker
6764 Blue Heron Drive
Inverness, Fla 34451

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

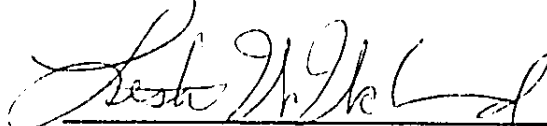
president Les Winkland
2780 Centre St.
Inverness, Fl.

Secretary Richard Falek
65 S. Little John Ave.
Inverness, Fla 32650

Treasurer Raymond M. Motz
106 Lunar Terrace
Inverness, Fla 34450

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

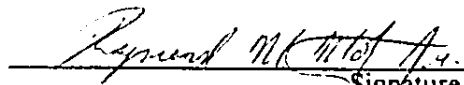
11 day of Feb, 19 96.



Signature



Signature



Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

C + M FRANCHISING, INC.

2. The name and address of the registered agent and office is:

Charles Baker
(NAME)

6764 Blue Heron Dr
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

INVERNESS, FLA 34450
(CITY/STATE/ZIP)

STATE OF FLORIDA
DIVISION OF CORPORATIONS

96 MAR 13 PM 3:17

FILED

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)

2-12-96
(DATE)