

F96000005712

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

6000001 SUBS 8016 --- 1
-10/25/05---01037---014
****131.25 ****131.25

SUBJECT: C/W/J Assoc. Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vickie Adams
(Name of Person)
C/W/J Assoc. Inc
(Firm/Company)
14286-19 BEACH Blvd. #384
(Address)
JACKSONVILLE, FL 32250
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 AM 9:40

22825

Should you need to call someone concerning this matter, please call:

Vickie Adams at 904, 744-7315
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 25, 1996

VICKIE ADAMS
C/N/J ASSOC., INC.
14286-19 BEACH BLVD #384
JACKSONVILLE BEACH, FL 32250

SUBJECT: C/N/J ASSOC., INC.
Ref. Number: W96000022825

We have received your document for C/N/J ASSOC., INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 496A00049484

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Vickie Adams, do hereby certify
(Name)

that this Resolution of the Board of Directors of C/N/J Assoc., Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware,

was duly adopted on 10-31, 1996.

Be it resolved, that C/N/J Assoc., Inc.,
(Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name

C/N/J Assoc., Inc. of Jacksonville for use in Florida.

Dated: 10-31-96

Vickie Adams
Signature of either Chairman, Vice Chairman or any officer

Vickie Adams
Type or print name

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DIVISION OF CORPORATIONS
96 NOV -4 AM 9:40

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. C/N/J ASSOC., INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. APPLIED
(FEI number, if applicable)
4. 4/15/96
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 14286-19 BEACH BLVD #384
JACKSONVILLE, FLA 32250
(Current mailing address)

8. CARPET SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: VICKI ADAMS

Office Address: 14286-19 BEACH BLVD. #384

JACKSONVILLE, Florida, 32250
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vickie L. Adams
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS
96 NOV 14 AM 9:40

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: RICHARD T. ADAMS

Address: 14286-19 BEACH BLVD #384 JACKSONVILLE, FL 32250

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: VICKI ADAMS

Address: 14286-19 BEACH BLVD, #384

JACKSONVILLE, FL 32250

Vice President: RICHARD T. ADAMS

Address: 14286-19 BEACH BLVD, #384 JACKSONVILLE, FL 32250

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Vickie L. Adams

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vickie L. Adams

(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C/N/J ASSOC., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 1996.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 AM 9:40



Edward J. Freel
Edward J. Freel, Secretary of State

2613705 8300

960274686

AUTHENTICATION:

8114697

DATE:

09-23-96

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 16, 1997

C/N/J ASSOC., INC. OF JACKSONVILLE
14286-19 BEACH BLVD #384
JACKSONVILLE, FL 32250

SUBJECT: C/N/J ASSOC., INC. OF JACKSONVILLE
Ref. Number: F96000005712

Debit Memo #: 7697-O

This is to inform you that check #1099 in the amount of \$165.00 submitted with the annual report for C/N/J ASSOC., INC. OF JACKSONVILLE has been returned by your bank because of ACCOUNT CLOSED.

We request you remit a cashier's check or money order referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 16, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey
Accountant I

Letter Number: 997A00026408

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-06/13/97--01005--014
****180.00 ****180.00

June 12, 1997

REPLACEMENT FEE 1997

**ANNUAL REPORT: C/N/J ASSOC., INC.
OF JACKSONVILLE**

DEBIT MEMO: # 7697-0

CHECK #: 1099