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TRANSMITTAL LETTER

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Department (of S	tate
Division of C		
¬ ∩. Box 632	27	
Tallabassas		22214

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Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$_______.

FROM:

Name

| JOO HANDY OAK CRO/E

Address
| Koya | Falm BEACH, FT 33411 |

City, State, & Zip

(56) 790-5305

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the 2. Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

CHARLES CORNELIUS BOBERT SERVICE IIVC

ARTICLE II PRINCIPAL OFFICE

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

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CHARLES CORNELIUS.
1200 HANDY DAK CIRCLE
ROYAL FALM BEACH FT 33411.

ARTICLE V INCORPORATOR(S)

The name(s) as	nd street	address(es	s) of	the incorporator(s)	to these	Articles o	of tocorr	inra.
tion is(are):		EX L: V3 OF	МD	海绵或到60年	Harry of the	7	; ;	

CHARLES, CORNELIUS.
1200 HANDY DAK CIRCLE
KOYAL PALM DEACH, FT. 33411



CERTIFICATE OF DESIGNATION 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.

The name of the corporation is: CHAR IES CORNELIUS BOSCAT SERVICE
2. The name and address of the registered agent and office is:
CHARLES CORNELIUS
1200 HANDY CAK CIRCLE
P.O. BOX NOT ACCEPTABLE) NOUAL VALO BEACH FT 33411
(CITY/STATE/ZIP)
\mathcal{M}
SIGNATURE (Marles Kornda)
TITLE PRESIDENT
DATE 2-5-0/
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 Mortes Dornolas
DATE 2-5-01