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Requester's Name		ALB	
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Leranto, 71 34461		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City/State/Zip Phone # 8	605	LONIDA	ali
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CORPORATION NAME(S) & DOCUME	NŢ NUMBER(S), (if ka	nown):	<del>-</del>
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(Corporation Name)	(Document #)		-
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Walk in Pick up time		Certified Copy	%
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	. <del>-</del>	
Profit	Amendment	or m	
Not for Profit Limited Liability	Resignation of R.A. Change of Registered		
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OTHER FILINGS	REGISTRATION/QUA	ALIFICATION	
Annual Report	Foreign		y - ·
☐ Fictitious Name	Limited Partnership Reinstatement		
S. D. Hall	☐ Trademark☐ Other		
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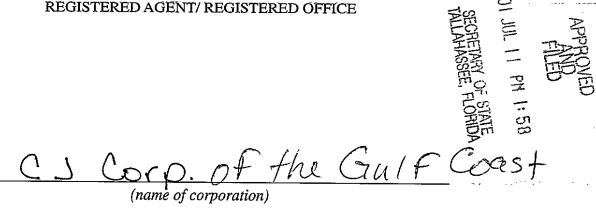
ARTICLES OF INCORPORATION
CJ Corp. of the Gulf Coast  (name of corporation)
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is: Corp of the Gulf Coast
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
ARTICLE IV - CAPITAL STOCK  The corporation is authorized to issue \
ARTICLE V - INITIAL PRINCIPAL OFFICE  The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS 7110 Sonata Ave
CITY Homosassa FLORIDA ZIP 344410
Mailing address, if different
STREET ADDRESS
CITY FLORIDA ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
The street address of the initial registered office and the name of the initial registered agent at the office is:
NAME Calvin Aschoff
ADDRESS 711D Sonoto AVA

CITY

FLORIDA

ARTICLE VII - IN	ITIAL BOARD OF DIRECTORS		
This corporation shall have Owe	( directors initially. The	ne number of directors may	y be
either increased or diminished from time to time by the I addresses of the initial director(s) of the corporation are	3v-Laws, but shall never be less that	n one (1). The names and	,
	0.0		
NAME Calvin Ascho	7+t-		E ***
ADDRESS 7110 Sonata	Ave		<u> </u>
CITY Homosassa	STATE 7L	ZIP 34446	
NAME			
ADDRESS	·		
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	-:
ARTICLE	TIII - INCORPORATORS		
The names and addresses of the incorporators signing the		ollowe.	
NAME COLVIN Machal	<u> </u>		
ADDRESS 7110 Social	<u> </u>		- 12
THO SEVENTO	STATE 71		<u></u>
NAME HOMOSASSA	STATE TC	ZIP 3444C	0
ADDRESS			
CITY	STATE	ZIP	<u>. :</u>
NAME		ZIP	
ADDRESS			
CITY	STATE	710	
The sundaminant in a second se	<del></del>	ZIP	
The undersigned incorporator(s) have executed these lay of		10th	r illigi er er
ay 01	<u>,49-200</u> ]		Mga-141 ya
	Men Jul	(Signature)	-
,		(6:	
		(Signature)	
		(Signature)	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 7110 Sonata Ave Homosassa, 71 34446 has named Calvin Aschoff

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.