

TRANSMITTAL LETTER

P010000089970

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

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-09/10/01--01095--011

*****78.75 *****78.75

SUBJECT: Chips Deluxe Interiors, 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: Robert C. Johns
Name (Printed or typed)

4634 Antler Hill Dr. E.
Address

Jax. Fla 32224
City, State & Zip

(904) 537-4044
Daytime Telephone number

FILED
01 SEP 10 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T. Burch SEP 13 2001

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Chips Deluxe Interiors, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4634 Antler Hill Dr. E.

Jax. FLA 32224

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

4634 Antler Hill Dr. E. Robert C. Johns

Jax. FLA 32224

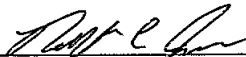
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert C. Johns

4634 Antler Hill Dr. E.

Jax. FLA 32224



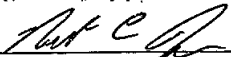
Signature/Incorporator

09-10-01

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

09-10-01

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 SEP 10 AM 11:17

FILED