TRANSMITTAL LETTER

OI NOV-8 PH 4:38
TALLAHASSEE, FLOSTE

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

SUBJECT: CND Services, INC (proposed corporate name)

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

200904572322---5 200904572322-001 *****70.00 ******70.00

FROM:

Christine Norton

Name
4096 BARDER BROS Circle

Address

MACCLENNY, F. 32063

City, State, & Zip

(904) 259-7432

Telephone Number

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

ARTICLES OF INCORPORATION

<u>OF</u>

OI NOV-8 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIE.

CND Services, INC

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: CND Services, INC.

ARTICLE II PRINCIPAL OFFICE

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

4096 BARben Bros. Circle MACCIENNY, FI 32063

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

Christine Norton 4096 BARDEN BROS Circle MACCLENNY, Fl 32063

ARTICLE V INCORPORATOR(S)

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

Christine Norton H096 BARDER Bros. Circle MACCLENNY, F1 32063

rne undersigned has(have) ex	Recuted these Articles of Incorporation this
	Dovember , 10 2001
	Chystic Saton Sec/Tres. Signature/Title
	Signature/Title '
	Signature/Title
•	Signature/Title

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 tate 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: <u>CND</u> <u>Jervices</u> , <u>LNC</u> .
1. The name of the corporation is.
2. The name and address of the registered agent and office is:
Christine Morton (NAME)
4096 BARDER BROS (P.O. BOX NOT ACCEPTABLE)
(P.O. BOX NOT ACCEPTABLE)
MACCLENNY FI 32063
(CITY/STATE/ZIP)
SIGNATURE Christian Anton
TITLE Sec/Trus
DATE 15-7-01
A Company of the Comp
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 Chustie Morton
DATE 11 - 7 - 01
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REGISTERED AGENT FILING FEE: \$35.00