

P01000118912

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

EFFECTIVE DATE

01/01/02

300004700463--2

-11/30/01--01056--007

*****70.00 *****70.00

SUBJECT: CUSTOM CRAFT MANUFACTURING, INC.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: JUDY C GODWIN
3966 HWY 17 S
ZOLFO SPRINGS, FL 33890
863-735-0612

FILED

01 DEC 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WD1-27608
PS 12/5/01
PS 12/17/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 5, 2001

JUDY C GODWIN
3966 HWY 17 S
ZOLFO SPRINGS, FL 33890

~~CUSTOM CRAFT MODULARS, INC.~~
SUBJECT: ~~CUSTOM CRAFT MANUFACTURING, INC.~~
Ref. Number: W01000027608

CUSTOM CRAFT MODULARS, INC.

We have received your document for ~~CUSTOM CRAFT MANUFACTURING, INC.~~ and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6915.

Pamela Smith
Document Specialist
New Filings Section

Letter Number: 101A00064163

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

EFFECTIVE DATE

01/01/02

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: ~~CUSTOM CRAFT MANUFACTURING, INC.~~ CUSTOM CRAFT MODULARS, INC

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 3966 HWY 17 S, ZOLFO SPRINGS, FL 33890.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: JUDY C GODWIN, 3966 HWY 17 S, ZOLFO SPRINGS, FL 33890.

ARTICLE FIVE - INCORPORATORS

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS JUDY C GODWIN, 3966 HWY 17 S, ZOLFO SPRINGS, FL 33890.

ARTICLE SIX - EFFECTIVE DATE

THE EFFECTIVE DATE OF THIS CORPORATION IS JANUARY 1, 2002.

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 26 DAY OF November, 2001.

SIGNATURE:

Judy C. Godwin
JUDY C GODWIN

FILED

01 DEC 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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.

CUSTOM CRAFT MODULARS, INC.

1. THE NAME OF THE CORPORATION IS: ~~CUSTOM CRAFT MANUFACTURING, INC.~~

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
JUDY C GODWIN, 3966 HWY 17 S, ZOLFO SPRINGS, FL 33890.

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:


JUDY C GODWIN

DATE: 11726701
11/26/01