POLOGOGUS/US

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

٠,

100005307701--1 -04/19/02--01033--005 ******70.00 ******70.00

SUBJECT: ACME	CHUTE MAINTENANCE , I			
England in an article		ATE NAME – <u>MUST INCL</u>		
Enclosed is an origina	d and one(1) copy of the artic	cles of incorporation and a	i check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	DONNA SACCO			
Name (Printed or typed) 5400 S. UNIVERSITY DRIVE, #403 Address Address				
DAVIE, FLORIDA 33328				
City, State & Zip				

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

Daytime Telephone number

(954) 680-4818

844/2S

Articles of Incorporation of ACME CHUTE MAINTENANCE, INC.

SECRETARY OF S	02 APR 19 AH 9	FILED
ب د	ؿ	U
95 5	₽-	

ARTICLE	Ĭ.	NAME
		* ***

The name of the Corporation shall be:

ACME CHUTE MAINTENANCE INC.

ARTICLE II PRINCIPAL OFFICE

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

4540 NE 5TH TERRACE OAKLAND PARK, FLORIDA 33334

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ANITA MAHAN - P/VP/S/T

JAMES MAHAN OFFICER/DIRECTOR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANITA MAHAN 4540 NE 5TH TERRACE OAKLAND PARK, FL 33334

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Signature/Incorporator

Date

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

Having been named as registered agent and to accept services 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 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