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OF A STANDARD STANDARD OF CHARLES

# TRANSMITTAL LETTER

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

# **SUBJECT:**

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION, AND OUR CHECK FOR \$70.00.

FROM: C & P INSPECTION SERVICE, INC.

### ARTICLES OF INCORPORATION OF:

#### ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

C & P INSPECTION SERVICE, INC.

#### ARTICLE II – PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

820 DEBARY AVE DELTONA, FL. 32725

# ARTICLE III – CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 60, NO PAR

#### ARTICLE IV - REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

CHARLES WELLER 820 DEBARY AVE DELTONA, FL. 32725

## ARTICLE V - INCORPORATERS

THE NAME (S) AND STREET ADDRESS (S) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

CHARLES WELLER PATRICIA WELLER 820 DEBARY AVE DELTONA, FL. 32725

THE UNDERSIGNED INCORPORATO	R (S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THE	E6TH DAY OFJAN_2003
SIGNATURE: + Charles & Walls	TITLE: TRESIDENT
SIGNATURE: X ARTICLE   COUL	TITLE: Vire tresicut
SIGNATURE:	TITLE:
SIGNATURE:	TITLE:

## CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501 FLORIDA STATUES, THE UNDERSIGNED COORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

C & P INSPECTION SERVICE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT:

NAME:

CHARLES WELLER

ADDRESS:

820 DEBARY AVE

CITY/STATE: DELTONA, FL. 32725

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 OBLICATIONS OF MY POSITION AS REGISTERED AGENT.