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03 FEB -6 PH 1: 25 SECRETARY OF STATE FALLAHASSEE, FLORID!

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TRANSMITTAL LETTER

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

SUBJECT: <u>C5</u>	CUSTOMS, INC			
	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	d a check for:	
□ \$70.00	2 \$78.75	□ \$78.75	□ \$87.50	
	Filing Fee	Filing Fee	Filing Fee.	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	.
	Status ADDITIONAL COPY REQUIRED			ı
		ADDITIONALCO	NT REQUIRED	
FROM:	K. STEVEN CRUMPLE	₹		
-	Name (Printed or typed)			
	P.O. BOX 754			aes v
	Address			
	MARIANNA, FLORIDA 32447			٠
	City, State & Zip			
	850 526-5984			
	Daytime Telephone number			

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

FILED

03 FEB -6 PM 1:25

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

C5 CUSTOMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. BOX 754

MARIANNA, FLORIDA 32447

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact any and all lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers which are afforded to corporations under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

K. STEVEN CRUMPLER 5848 HIGHWAY 90 MARIANNA, FLORIDA 32446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

K. STEVEN CRUMPLER P.O. BOX 754 MARIANNA, FLORIDA 32447

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

1/4. Otiven Curryh
Signature/Registered Agent

2-4-03

Date

K Stran Campba Signature/Incorporator

2-4-03