# P03000039203

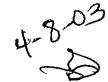
| , (Re                   | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | idress)            |           |
| (Cit                    | ty/State/Zip/Phone | • #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         | ÷                  |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



400014843654

04/01/03--01080--002 \*\*78.75



# TRANSMITTAL LETTER

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

| SUBJECT: Contrax Property Services Inc.      |                                  |                              |                   |  |  |
|--|----------------------------------|------------------------------|-------------------|--|--|
|  | (PROPOSED CORPORA)               | re name – <u>Must Incl</u> i | UDE SUFFIX)       |  |  |
|  |                                  |                              |                   |  |  |
|  |                                  |                              |                   |  |  |
|  |                                  |                              |                   |  |  |
| Enclosed is an origina                       | I and one(1) copy of the article | s of incorporation and a     | check for:        |  |  |
| □ \$70.00                                    | <b>☑ \$78.7</b> 5                | \$78.75                      | <b>□ \$</b> 87.50 |  |  |
| Filing Fee                                   | Filing Fee                       | Filing Fee                   | Filing Fee,       |  |  |
| 111116100                                    | & Certificate of Status          | & Certified Copy             | Certified Copy    |  |  |
|  |                                  |                              | & Certificate of  |  |  |
|  |                                  |                              | Status            |  |  |
|  | ·.                               | ADDITIONAL CO                | PY REQUIRED       |  |  |
|  |                                  | <u> </u>                     |                   |  |  |
| EDOVA  | William Potens                   | •                            |                   |  |  |
| FROM: William Peters Name (Printed or typed) |                                  |                              |                   |  |  |
|  |                                  |                              |                   |  |  |
| 203 Kingston Drive                           |                                  |                              |                   |  |  |
| Address                                      |                                  |                              |                   |  |  |
|  |                                  |                              |                   |  |  |
| Ft. Myers, FL 33905                          |                                  |                              |                   |  |  |
| City, State & Zip                            |                                  |                              |                   |  |  |
|  |                                  |                              |                   |  |  |
| 239~ 693~ 2060                               |                                  |                              |                   |  |  |
| Daytime Telephone number                     |                                  |                              |                   |  |  |

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

#### ARTICLES OF INCORPORATION.

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

#### ARTICLE I NAME

The name of the corporation shall be:

Contrax Property Services Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

203 Kingston Drive Ft. Myers, FL 33905

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

maintenance

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

William Peters 203 Kingston Drive Ft. Myers, FL 33905

#### ARTICLE VI REGISTERED AGENT

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

William Peters 203 Kingston Drive Ft. Myers, FL 33905

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Peters 203 Kingston Drive Ft. Myers, FL 33905

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

Signature/Incorporator

Certificate, I am jamiliar with and accept the appointment as registered agent and agree to act in this capacity

3-3/-03

Date

3-3/-03

Date