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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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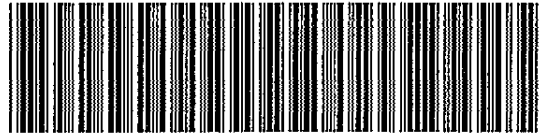
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 17 PM 3:00

9/19/03

TRANSMITTAL LETTER

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

SUBJECT: CMC Professional Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sean Gustavson
Name (Printed or typed)

1104 Dartmouth Terrace
Address

Safety Harbor, FL 34695
City, State & Zip

(727) 455-7222
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:

CMC Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

CMC Professional Services, Inc.
1104 Dartmouth Terrace
Safety Harbor, FL 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

One thousand shares of common stock with a par value
of one dollar per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sean Gustavson
1104 Dartmouth Terrace
Safety Harbor, FL 34695
President

ARTICLE VI REGISTERED AGENT

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

Sean Gustavson
1104 Dartmouth Terrace
Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jody Block
204 37th Avenue North #347
St. Petersburg, FL 33704

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/Registered Agent

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP 17 PM 3:00