

P03000105602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

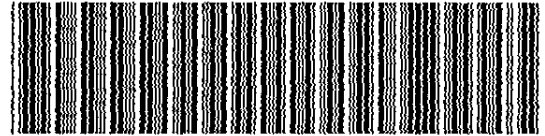
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

bm 9/2

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CW Texture, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

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:

C. W. TEXTURE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 2340
HOMOSASSA SPRINGS FL 34447-2340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

CHRIS WOOD
PO BOX 2340
HOMOSASSA SPRINGS FL 34447-2340

ARTICLE VI REGISTERED AGENT

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

CHRIS WOOD
6298 S RAINBOW PT
HOMOSASSA FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRIS WOOD
6298 S RAINBOW PT
HOMOSASSA, FL 34446

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

Chris Wood

Signature/Registered Agent

9 24 05

Date

Chris Wood

Signature/Incorporator

9 24 05

Date

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03 SEP 25 PM 4:18
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TALLAHASSEE, FLORIDA