

PA3000136613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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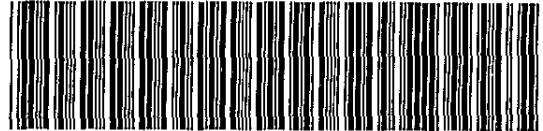
(Business Entity Name)

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TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: CMT Company, 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: Cynthia L. Tompkins

Name (Printed or typed)

P.O. Box 42

Address

Bushnell, Fl. 33513

City, State & Zip

352-793-3368

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:

CMT Company, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 42
Bushnell, Fl. 33513

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and installation Space Pest Spray Systems

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cynthia L. Tompkins President
P.O. Box 42
Bushnell, Fl. 33513

Michael J. Tompkins Vice-President
P.O. Box 42
Bushnell, Fl. 33513

Julia Nations Secretary/Treasuer
5907 Wildcrest
Bossier City, La. 71111

ARTICLE VI REGISTERED AGENT

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


Michael J. Tompkins
4389 County Road 317B
Bushnell, Fl. 33513

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael J. Tompkins
4389 County Road 317B
Bushnell, Fl. 33513

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent
Michael J. Tompkins

11-10-2003

Date



Signature/Incorporator

11-10-2003

Date

Michael J. Tompkins

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SECRETARY OF STATE
TALLAHASSEE FLORIDA