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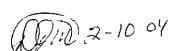
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TRANSMITTAL LETTER

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

SUBJECT: C.	O. FRAMINA	INC.		
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	□ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,	
g	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM: CARROLL E, PARACY JR. Name (Printed or typed)				
4500 Linicoln RD.				
SAINT Cloud FL, 3470				
-	407-346-8 Daytime T	elephone 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: 04 FEB -2 AMII: 30 C.P. FRAMING INC. SECRETARY OF STATE TALLAHASSEF FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9500 Lincoln RD. SAINT CLOUD, FL 34777 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CARPONTRY/FRAMING ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): CARROLL E PARASY REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: CARROLL E. PARADY JR. 9500 Concolo RD. SAINT CLOUD, PC. 3477 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CARROLL E. PARACY TR.

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/Incorporate

Signature/Registered Agent

JAN-02-04