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SECNETARY OF STATE
TALLAMAS FOR THE SMA.

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TRANSMITTAL LETTER

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

SUBJECT: Code	eWorks, Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUERX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	la 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 CO	2	
FROM: _R	obert S. McCormick	e (Printed or typed)		· z·
	9311 University Blvd	Address		
	Orlando, Florida 32817-1			
	City	, State & Zip		
	(407) 657-4486			
	Daytime	Telephone number	*	

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

ARTICLE I	NAME				
	orporation shall be:				
CodeWorks, Inc.					
ARTICLE II	PRINCIPAL OFF	·ICE			
	e of business/mailing				
9311 University B Orlando, Florida 3					
ARTICLE III	PURPOSE				
The purpose for v	which the corporation	is organized is:		- i,,,	
Building Codes A	dministration, Managen	nent and Related Services		SECRE	04 -~
ARTICLE IV	SHARES				FIL- 637
The number of sh				HA HA	11
One (1)					圣 〇 ധ
ARTICLE V	INITIAL OFFICE	RS AND/OR DIRECT	ORS	53	95
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• • • •	lress(es) and specific	title(s):		3>111	OT
List name(s), add Robert S. McCorr 9311 University B Orlando, Florida	nick, President Ivd	title(s):		\$>-```	O
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