P04000044324

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer;		
بريلاس	1429	
	Office Use Onl	



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01/26/04--01026--006 **78.75

O4 NAR II PN 2:3: SECRETARY OF STATE

B1/B

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	
	`		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	CHRISTOPILER Name	M. GRIX (Printed or typed)	
	5355 TOWER	Address	
	TALLAHASSEE, City	FL 32303 , State & Zip	
	850 -514-1	773	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED

04 MAR 11 PM 12: 18

VISION OF SHOPPORTH INC.

TALLAHASSES FLORIDA

February 4, 2004

CHRISTOPHER M GRIX 5355 TOWER RD TALLAHASSEE, FL 32303

SUBJECT: CMG ALL PHASE CONSTRUCTION CO

Ref. Number: W04000004829

We have received your document for CMG ALL PHASE CONSTRUCTION CO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 704A00007479

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is a cost within 50 days or your titing with be considered a candoned.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be:
CING ALL PHASE CONSTRUCTION CO.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
5355 TOWER RD TALLAHASSEE, EL 32303
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
COMPLIANCE WITH FLORIDA STATE LAW
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): CHRISTOPHER M. GRIX 5355 TOWER RD TALLAHASSEE, FL 32303 ARTICLE VI REGISTERED AGENT The state of the
List name(s), address(es) and specific title(s):
CHRISTOPHER M. GRIX
5355 TOWER RD
TALLAHASSEE, FL 32303
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
CHRISTOPHER M. GRIX
53.35 TOWER RD
TALL, FL 32303
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
CHRISTOPHER M. GRIX
5355 TOWER RD
TALL, , FL 32303

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
Pht. Le. M.
Signature/Registered Agent Date
Signature/Registered Agent Date

Signature/Incorporator

ノーZZ-09/ Date