

A 04000044324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-4829

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

FILED  
04 MAR 11 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-11-04  
T.B.

**TRANSMITTAL LETTER**

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

**SUBJECT:** CMG ALL PHASE CONSTRUCTION CO.  
(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:** CHRISTOPHER M. GRIK  
Name (Printed or typed)

5355 TOWER RD  
Address

TALLAHASSEE, FL 32303  
City, State & Zip

850-514-1773  
Daytime Telephone number

**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  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, 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

...we will be your company...  
...of your document...  
...of your document...  
...of your document...

**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:

CIMG ALL PHASE CONSTRUCTION CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5355 TOWER RD TALLAHASSEE, FL 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:

100

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 11 PM 2:39

FILED

**ARTICLE VI REGISTERED AGENT**

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

CHRISTOPHER M. GRIX  
5355 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

Christopher M. Grix  
Signature/Registered Agent

1-22-04  
Date

Christopher M. Grix  
Signature/Incorporator

1-22-04  
Date