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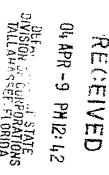
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TRANSMITTAL LETTER

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

SUBJECT:	HARROX, IN	cate name - must include suffi	x)
7 7. 6 6 1			
S70.00 Filing Fee	nd one(1) copy of the articl \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Cl \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:		K. Lyons inted or typed)	
	2 GAT IT BUSCH A	3Lvd # 1005	

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

8-13-936-9556

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED

04 APR -9 PM 12: 46

SECRETATIONSTATE
TALLAHASSEE, FLORIDA

ARTICLE 1 NAME

The name of the corporation shall be: CHARROX, INC

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5450 BRUCE B. DOWNS BLVD.
Suite # 322
WESLEY CHAPEL, FL 33543

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address: Robert Lyons 2901 W. BUSCH BLVD. SUITE # 1005 Tampa, FL. 33618

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of incorporation are: ROLAND LAMKIN 5450 BRUCE B. DOWNS BLVD. Suite #322

WESLEY CHAPEL, FL. 33543

Signature/Incorporator\

Date

(An additional article must be added if an affective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all status relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date