# P04000060526

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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# TRANSMITTAL LETTER

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

SUBJECT: CMF	R DRYWALL FINISHERS, IN	NC .		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal 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  PPY REQUIRED	
FROM: N	ANCY POE TAX SERVICE			
	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
	POST OFFICE BOX 627	Address	+	<b>.</b>
	HAINES CITY, FLORIDA	33836 , State & Zip		<del></del>
	863-956-2712	Folophona number		
	Daytime 1	Telephone number		

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

# CMR DRYWALL FINISHERS, INC 3980 OLSON ROAD HAINES CITY, FLORIDA 33844

March 29, 2004

# To Whom It May Concern:

Effective 09/19/2003 the above corporation, document #P02000042664, was deemed inactive by the state of Florida. I do not intend to ever re-instate that corporation as an active business and would therefore like you to allow the use of the name, CMR Drywall Finishers, Inc, to be used for our new corporation in which we are submitting articles of incorporation to you today.

Sincerely,

Carolos Recinos, President

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# FILED

#### ARTICLE I NAME

The name of the corporation shall be: CMR DRYWALL FINISHERS, INC 04 APR -5 AM 8: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3980 OLSON ROAD HAINES CITY, FLORIDA 33844

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is:

1500 SHARES AT \$1.00 PAR VALUE PER SHARE

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARLOS RECINOS, 3980 OLSON ROAD, HAINES CITY, FL 33844-PRESIDENT MAYDA RECINOS, 3980 OLSON ROAD, HAINES CITY, FL 33844-TSD

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

CARLOS RECINOS, 3980 OLSON ROAD, HAINES CITY, FL 33844

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA ANDRACCHIO-NANCY POE TAX SERVICE-P O BOX 627, DAVENPORT, FL 33836

*******************	*********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and	e stated corporation at the place designated in the agree to act in this capacity
Carlos O Receives	3/29/04
Signature/Registered Agent	Date
Landracolto	3/29/04
Signature/Incorporator	Date