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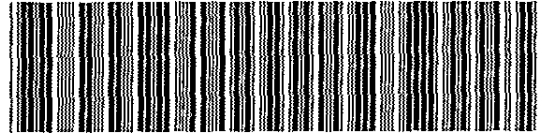
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 24 AM 11:18

## (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Re: CIRCLE C + N, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

[Signature]  
(Individual's Name)

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DIVISION OF CORPORATIONS  
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\_\_\_\_\_  
(Name of Corporation)

### MAILING ADDRESS OF CORPORATION

P.O. Box 701010

ST. CLOUD, FL. 34770

PHONE

(407) 873-0184

Area Code

Number

Ext.

# ARTICLES OF INCORPORATION

of

CIRCLE C+N INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

CIRCLE C+N INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>6264 E. IRLO BRONSON MEM. HWY #7</u>		
CITY	<u>ST. CLOUD</u>	FLORIDA	ZIP <u>34771</u>

Mailing address, if different

STREET ADDRESS	<u>P.O. Box 701010</u>		
CITY	<u>ST. CLOUD</u>	FLORIDA	ZIP <u>34770</u>

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>CONLEY WILSON</u>		
ADDRESS	<u>6264 E. IRLO BRONSON MEM. HWY #7</u>		
CITY	<u>ST. CLOUD</u>	FLORIDA	ZIP <u>34771</u>

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# ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


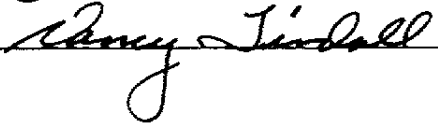
NAME	<u>CONLEY WILSON</u>		
ADDRESS	<u>P.O. Box 701010</u>		
CITY	<u>ST. CLOUD</u>	STATE	<u>FL.</u> ZIP <u>34770</u>
NAME	<u>NANCY TINDALL</u>		
ADDRESS	<u>P.O. Box 701010</u>		
CITY	<u>ST. CLOUD</u>	STATE	<u>FL.</u> ZIP <u>34770</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>CONLEY WILSON</u>		
ADDRESS	<u>P.O. Box 701010</u>		
CITY	<u>ST. CLOUD</u>	STATE	<u>FL.</u> ZIP <u>34770</u>
NAME	<u>NANCY TINDALL</u>		
ADDRESS	<u>P.O. Box 701010</u>		
CITY	<u>ST. CLOUD</u>	STATE	<u>FL.</u> ZIP <u>34770</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 20<sup>TH</sup> day of MAY, 19 2004

 (Signature)  
 (Signature)  
 \_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

CIRCLE C+N INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 6264 E. IRLO BRONSON MEM. HWY #7  
ST. CLOUD, FL. 34771

has named CONKEY WILSON

located at the aforesaid address, as its registered agent to accept service of process within this state.

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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 statutes 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)

5/20/04

(Date)