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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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SLOKETARY OF STATE
ALLAHASSEE, FLORIN.

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# TRANSMITTAL LETTER

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

| SUBJECT: COMM               | MERCIAL SYSTEMS OF TAMPA, I         | NC.  |   |
|-----------------------------|-------------------------------------|--|---|
|                             | (PROPOSED CORPORA                   | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)   |
|                             |                                     |  |   |
| Enclosed are an ori         | ginal and one (1) copy of the arti- | cles of incorporation and                          | l a check for:  |
| <b>∠</b> \$70.00 Filing Fee |                                     | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM:                       | JOHN DEYOUNG                        |  |   |
|                             | Name                                | (Printed or typed)                                 |   |
|                             | 4824 NORTH FLORIDA AVENUE           | Address  |   |
|                             |                                     |  |   |
|                             | TAMPA, FL 33603                     | 04-4-9-7:  |   |
|                             | City,                               | State & Zip  |   |
|                             | (813) 234-2419                      |  |   |
|                             | Daytime To                          | lenhone number                                     |   |

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

## 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:

COMMERCIAL SYSTEMS OF TAMPA, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4824 NORTH FLORIDA AVE. **TAMPA, FL 33603** 

#### 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: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN C. DEYOUNG 2318 W. MARQUETTE ST. TAMPA, FL 33604 PRESIDENT/SECRETARY/TREASURER DIRECTOR

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN C. DEYOUNG 2318 W. MARQUETTE ST. TAMPA, FL 33604

#### ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

JOHN C. DEYOUNG 2318 W. MARQUETTE ST. TAMPA, FL. 33604

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 somilar with and accept the appointment as registered agent and agree to act in this capacity

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Signature

gnature/Incorporator

7-10-04 Date