

PDW 113398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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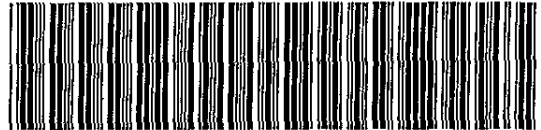
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Central Florida Industries, Inc.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Charity Cook

Name (Printed or typed)

4474 Glacier Peak Circle

Address

Sparks, NV 89436

City, State & Zip

775-626-6932

Daytime Telephone number

Please send results to above address.

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:

Central florida Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2121 Villa Drive, Valrico, FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing and distribution

ARTICLE IV SHARES

The number of shares of stock is:

75,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Al F. Monda - President	Kristine Monda - Secretary
2121 Villa Drive	2121 Villa Drive
Valrico, FL 33549	Valrico, FL 33549

ARTICLE VI REGISTERED AGENT

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

Al F. Monda
2121 Villa Drive
Valrico, FL 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charity Cook
4474 Glacier Peak Circle
Sparks, NV 89434

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



Signature/Registered Agent

7-29-04

Date



Signature/Incorporator

7-29-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA