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Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

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

SUBJECT: C. T. V	VYSEL, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incompration and	l a check for
211-10-00-111-01-1	22.11. 11.12 11.12 (1) 10pJ 01 11.12 11.1	The state of the s	
2 \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
		<u> </u>	
FROM: CU	IRTIS T. WYSEL	(Printed or typed)	 `
, чи — -	Name	(Printed or typed)	
	199 SW BLUEJAY COURT		
		Address	
	FORT WHITE, FL 32038		
	City,	State & Zip	
	540-3	79-1123	
•		elephone 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:

C. T. WYSEL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 199 SW BLUEJAY COURT FORT WHITE, FL 32038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL CARPENTRY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CURTIS T. WYSEL, PRESIDENT 199 SW BLUEJAY COURT FORT WHITE, FL 32038

<u> ARTICLE VI REGISTERED AGENT</u>

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: C. T. WYSEL
199 SW BLUEJAY CT.
FORT WHITE, FL 32038

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CURTIS T. WYSEL 199 SW BLUEJAY COURT FORT WHITE, FL 32038

***************************************	************
Having been named as registered grent to accept service of process for the abov	e stated corporation at the place designated in this
Having been named as registered agent to accept service of process for the abov certificand, I am familiar with and accept the appointment as registered agent and	agree to act in this capacity
	V
un I off	8-25-04
// Signature/Registered Agent	Date

Signature/Incorporator

8-25-5001