

POS0000069217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

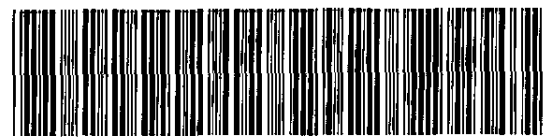
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/10/05--01069--004 \*\*70.00

05 MAY 10 PM 1:45

RECEIVED  
05 MAY 10 AM 11:26  
FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*C. Wade Trim, Inc.*

Signature

Requested by:

*WC*

*5/10*

*11:00*

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File

\_\_\_ LTD Partnership File

\_\_\_ Foreign Corp. File

\_\_\_ L.C. File

\_\_\_ Fictitious Name File

\_\_\_ Trade/Service Mark

\_\_\_ Merger File

\_\_\_ Art. of Amend. File

\_\_\_ RA Resignation

\_\_\_ Dissolution / Withdrawal

\_\_\_ Annual Report / Reinstatement

☒ Cert. Copy

☒ Photo Copy

\_\_\_ Certificate of Good Standing

\_\_\_ Certificate of Status

\_\_\_ Certificate of Fictitious Name

\_\_\_ Corp Record Search

\_\_\_ Officer Search

\_\_\_ Fictitious Search

\_\_\_ Fictitious Owner Search

\_\_\_ Vehicle Search

\_\_\_ Driving Record

\_\_\_ UCC 1 or 3 File

\_\_\_ UCC 11 Search

\_\_\_ UCC 11 Retrieval

Courier

**ARTICLES OF INCORPORATION  
OF  
C. WADE TRIM, INC.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,  
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER  
THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE I - CORPORATE NAME**

**THE NAME OF THE CORPORATE IS: C. WADE TRIM, INC.  
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 1300 SEAWAY DRIVE UNIT D1 FORT PIERCE, FL. 34949**

**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 AS A MORTGAGE BROKER PERMITTED UNDER THE LAWS OF THE UNITED STATES  
AND THE STATE OF FLORIDA.**

**ARTICLE IV- CAPITAL STOCK**

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES  
( 500 ) OF (one) DOLLAR (s) ( \$ 1.00 ) PAR VALUE COMMON STOCK, WHICH SHALL  
BE DESIGNATED "COMMON STOCK"**

05 MAY 19 PM 1:45

FILED  
CLERK OF DISTRICT COURT  
IN AND FOR THE DISTRICT OF  
FLORIDA

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:  
NAME: CHARLES WADE

PRINCIPLE AND MAILING ADDRESS: 1300 SEAWAY DRIVE UNIT D1

CITY: FORT PIERCE, FL. ZIP: 34949

**ARTICLE VI- INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE ONE (1)  
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR  
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).  
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE  
CORPORATION ARE AS FOLLOWS:

NAME: CHARLES WADE

NAME:

PRINCIPLE AND MAILING ADDRESS: 1300 SEAWAY DRIVE UNIT D1

CITY: FORT PIERCE, FL. ZIP: 34949

NAME:

NAME;

PRINCIPLE AND MAILING ADDRESS:

CITY: ZIP:

**ARTICLE VII - INCORPORATORS**

THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF  
INCORPORATION ARE AS FOLLOWS:

NAME: CHARLES WADE

NAME:

PRINCIPLE AND MAILING ADDRESS: 1300 SEAWAY DRIVE, UNIT D1

CITY: FORT PIERCE, FL. ZIP: 34949

NAME:

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: FLORIDA ZIP

**CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

OF C. WADE TRIM, INC.  
(Name of corporation)

PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING  
SUBMITTED:

THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE  
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

AT: 1300 SEAWAY DRIVE, UNIT D1  
FORT PIERCE, FL. 34949

HAS NAMED: CHARLES WADE

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT  
SERVICE OF PROCESS WITHIN THIS STATE.

**ACKNOWLEDGEMENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS  
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.  
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS  
A REGISTERED AGENT.

FILED  
IN THE  
CLERK'S  
OFFICE  
OF THE  
STATE  
OF  
FLORIDA  
05 MAY 10 PM 1:45



CHARLES WADE

(Registered agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 6<sup>th</sup> DAY OF MAY \_\_\_\_\_ 2005

Charles Wade (SIGN)

\_\_\_\_\_ (SIGN)

\_\_\_\_\_ (SIGN)

\_\_\_\_\_ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF SAINT LUCIE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE  
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

NAME: CHARLES WADE

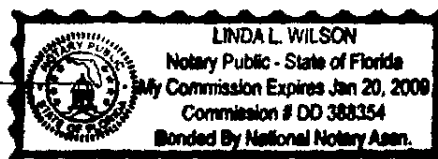
KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT  
(HE) OR (SHE)  
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE  
STATE AND COUNTY AFORESAID THIS DAY OF MAY 06, 2005.

(NOTARY SEAL)

Linda L. Wilson

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)



LINDA L. WILSON  
MY COMMISSION # DD 388354  
MY COMMISSION EXPIRES: JANUARY 20, 2009