

POS000069217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

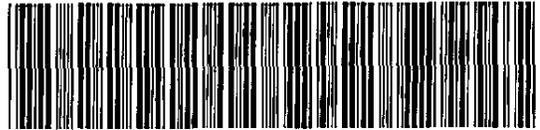
(Business Entity Name)

(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
DEPARTMENT OF BANKS
AND FINANCIAL SERVICES
TALLAHASSEE, 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.

- 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 _____

Signature

Requested by:

WC *5/10* *11:00*

Name Date Time

Walk-In Will Pick Up

**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 1 - 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 CORPORATION 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

STATE OF FLORIDA
CORPORATION

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.

STATE OF FLORIDA
DEPARTMENT OF REVENUE
05 MAY 10 PM 1:45



CHARLES WADE

(Registered agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 6th 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

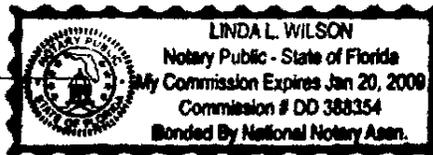
NAME: CHARLES WADE

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