

P05000080053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

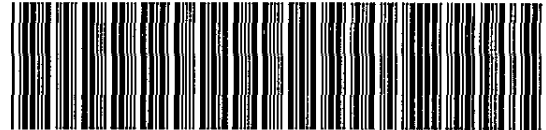
(Business Entity Name)

(Document Number)

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

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06/02/05--01056--002 \*\*70.00

FILED  
05 JUN -2 AM 10:55  
TALLAHASSEE, FLORIDA  
STATE

6/3/05  
BLK

## TRANSMITTAL LETTER

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

**SUBJECT:** Central Orlando Utilities & Boring, 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  
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 COPY REQUIRED**

**FROM:** Joseph D. Quinones

Name (Printed or typed)

P O Box 570438

Address

Orlando, Fl 32857-0438

City, State & Zip

407-257-3807

Daytime Telephone 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)

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05 JUN -2 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Central Orlando Utilities & Boring, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P O Box 570438  
Orlando, FI 32857-0438

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in lawful business in the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph D. Quinones  
5834 Delta Street  
Orlando, FI 32807

### ARTICLE VI REGISTERED AGENT

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

Joseph D. Quinones  
5834 Delta Street  
Orlando, FI 32807

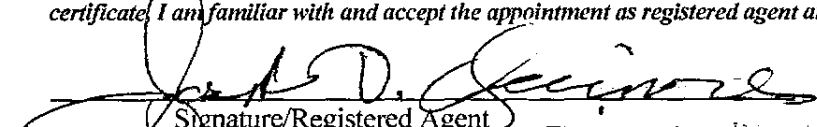
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph D. Quinones  
5834 Delta Street  
Orlando, FI 32807

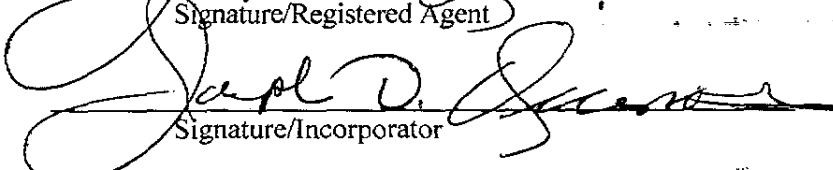
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

6-01-2005

Date

  
Signature/Incorporator

6-01-2005

Date