

P05000099747

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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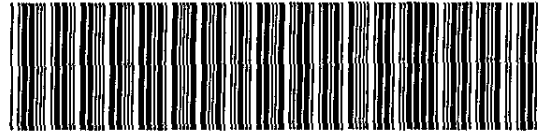
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/05--01018--013 **78.75

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05 JUL 15 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-8.7-18

TRANSMITTAL LETTER

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

SUBJECT: C.J. INVESTMENTS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE A UENX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: C.J. INVESTMENTS INC.
Name (Printed or typed)
1899 KENTUCKY AVENUE
Address
WINTER PARK, FLORIDA, 32789
City, State & Zip
407-331-8161
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 15, 2005

C.J. INVESTMENTS INC.
1899 KENTUCKY AVE.
WINTER PARK, FL 32789

SUBJECT: C.J. INVESTMENTS INC.
Ref. Number: W05000029536

We have received your document for C.J. INVESTMENTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 605A00041517

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

LEE ALLYN INVESTMENTS INC.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE:
LEE ALLYN INVESTMENTS INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE
1899 KENTUCKY AVENUE, WINTER PARK, FLORIDA, 32789
ARTICLE 11 NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT
ANY ONE TIME IS:
500 SHARES AT \$ 1.00 EACH.

ARTICLE 1V TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND
DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S)
IS(ARE) ELECTED, IS(ARE):
JEFFREY DUNN
1899 KENTUCKY AVE.,
WINTER PARK, FLORIDA, 32789

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TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THIS ARTICLES OF INCORPORATION IS(ARE):

JEFFREY DUNN
1899 KENTUCKY AVENUE
WINTER PARK, FLORIDA, 32789

IN WITNESS WHEREOF, THE
UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES
OF INCORPORATION THIS ___ 12 TH ___ DAY OF JULY ___, 2005

SIGNATURE(S) OF INCORPORATOR(S)

Jeffrey Dunn

STATE OF FLORIDA,

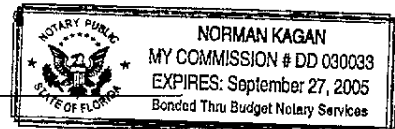
COUNTY OF SEMINOLE.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO
BEFORE ME THIS ___ 12TH ___ DAY OF JULY ___, 2005, BY
JEFFREY DUNN (NAME OF INCORPORATOR).

OF
_ LEE ALLYN INVESTMENTS INC.
(NAME OF CORPORATION).

NOTARY PUBLIC

MY COMMISSION EXPIRES



CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED
OFFICE

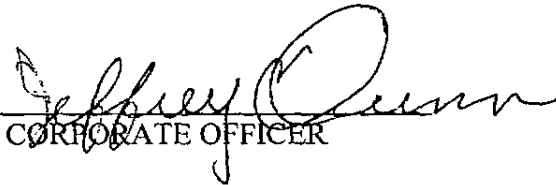
PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1.THE NAME OF THE CORPORATION IS:
LEE ALLYN INVESTMENTS INC.

2.THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JEFFREY DUNN
1899 KENTUCKY AVENUE
WINTER PARK,FLORIDA, 32789

SIGNATURE

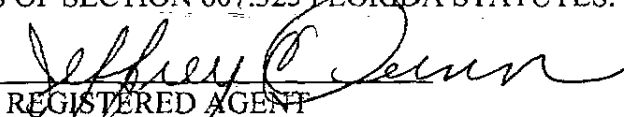

CORPORATE OFFICER

TITLE__ PRESIDENT_____

DATE__ JULY 12TH,2005_____

HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF AL ; STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE


REGISTERED AGENT

DATE_ JULY 12TH,2005_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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