

P05000111836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

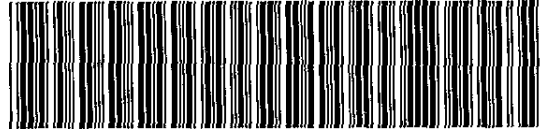
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800058170618

08/08/05--01046--015 \*\*78.75

FILED

05 AUG -8 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG -8 AM 11:29

DEPT. OF STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

C.S. 8-11

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. CMI EQUIPMENT & SERVICES INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 9, 2005

LAZARUS

SUBJECT: CMI EQUIPMENT & SERVICES INC.  
Ref. Number: W05000037598

RECEIVED  
05 AUG 10 AM 11:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CMI EQUIPMENT & SERVICES 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 person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 205A00051117

**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:

CMI EQUIPMENT & SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2500 NW 79 AVENUE  
SUITE 267  
MIAMI, FL 33122

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
EQUIPMENT & SERVICES RENTAL

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CAROLINA MISLE - FERNANDEZ PRESIDENT  
2500 NW 79 AVENUE, SUITE 267  
MIAMI, FL 33122

**ARTICLE VI REGISTERED AGENT**

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

CAROLINA MISLE - FERNANDEZ  
2500 NW 79 AVENUE, SUITE 267  
MIAMI, FL 33122

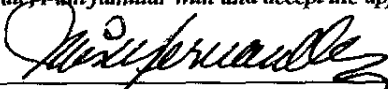
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

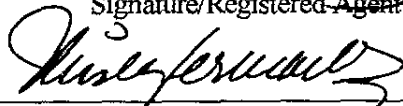
CAROLINA MISLE - FERNANDEZ  
2500 NW 79 AVENUE, SUITE 267  
MIAMI, FL 33122

\*\*\*\*\*

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



Signature/Incorporator

07/29/2005

Date

07/29/05 -  
Date

FILED  
05 AUG - 8 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA