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SURETARY OF STATE

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### (SAMPLE LETTER OF TRANSMITTAL)

DATE August 2, 2005

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

Re: <u>CRooms Construction</u>, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Chooms Construction Inc

MAILING ADDRESS OF COF	RPORATION
936 Ervin	st
St. Augustine, FC	32084
PHONE —	
(904) 825-4003 Area Code Number	
Area Code Number	Ext.

#### ARTICLES OF INCORPORATION

	$^{\text{or}}$ / $^{\prime}$	_
Cheems Ca	instruction, In	10
4500 (name of	corporation)	
The undersigned acting as the incorporators of a corporat the following articles of incorporation for such corporation:	ion under the Florida Business	s Corporation Act, adopt(s)
ARTICLE I - CO	ORPORATE NAME	
The name of the corporation is:  CROMS  4500	Construction	INC
ARTICLE I	I - DURATION	7/2 <b>6</b>
This corporation shall exist perpetually unless dissolved according to Florida law.		AUG 23 CRETAR) AHASSI
ARTICLE I	II - PURPOSE	FOR PA
The corporation is organized for the purpose of engaging United States and the State of Florida.	in any activities or business p	permitted under the laws of the
1	CAPITAL STOCK of common stock, par value \$	5
ARTICLE V - INITIA The street address of the initial principal office and, if dif	AL PRINCIPAL OFFICE Terent, the mailing address is:	
STREET ADDRESS		
936 Ervin St.		
CITY Jacksonvitte St. Aug.	FLORIDA	ZIP 32084
Mailing address, if different		
STREET ADDRESS		
SAME as Above		
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL REGI	STERED OFFICE AND AC	GENT
The street address of the initial registered office and	the name of the initial regis	stered agent at the office is
ADDRESS 03 / FE St		

Form 215: ARTICLES OF INCORPORATION, PAGE 1

CITY

PAGE 1

SEMINOLE-MIAMI (2-98)

ZIP

FLORIDA

. ARTICLE VII - INITIA	L BOARD OF DIRECTORS	
This corporation shall have(((	directors initially. Th	e number of directors may be
either increased or diminished from time to time by the By-L addresses of the initial director(s) of the corporation are as fo		one (1). The names and
Company of the minute and the company of the compan		
NAME Stephen A. C. Rooms.	JR	
ADDRESS 936 ECVIN St		1001
CITY St. Augustine	STATE FL	ZIP 32084
NAME ANtionio Pate		
ADDRESS 13758 Devan Lee	Drive East	
CITY Jacksonville	STATE FL	ZIP 32226
NAME Grea White		
ADDRESS 909 W. Pearl St		
CITY St. Augustine	STATE FC	<sup>ZIP</sup> 32084
ARTICLE VIII	- INCORPORATORS	,
The names and addresses of the incorporators signing these	Articles of Incorporation are as f	ollows:
NAME 5/20/20 1 CP	. To	
ADDRESS 936 Ervin St	3 24	
CITY 154 O CIST'NO	STATE F	ZIP 22084
NAME		<u> </u>
ADDRESS		
CITY	STATE	ZIP
NAME		<del>*************************************</del>
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	rticles of Incorporation this	First
day of August	Apo.5	11101
- Truly		
	\$ 2005. State believe	(Signature)
_	my your	(Dignature)
_		(Signature)
		-
_		(Signature)

SEMINOLE-MIAMI (2-98)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 936 Ecuin St St Augustine FC 32084

has named Stephen A. Chooms JR

located at the aforesaid address, as its registered agent to accept service of process within this state.

STORETARY OF STATE AHASSEE, FLORETA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stylin (Signature)

(Data)