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## **COVER LETTER**

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

### Builders Management Systems Inc. SUBJECT: \_\_ (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**X** \$70.00 ]\$78.75 Filing Fee Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

\$87.50

FROM:	Christopher D Britt
	Name (Printed or typed)
	PO Box 1095
-	Address
	Winter Haven FL 33882
	City, State & Zip

Daytime Telephone number

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

### ARTICLES OF INCORPORATION

OF

Builders Management Systems Inc.

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

Article I Identification

The name of the corporation, hereinafter referred to as the "Corporation," is Builders Management Systems Inc.

> Article II Period of Existence

The period during which the corporation shall continue is perpetual.

Article III Registered Office and Registered Agent

The address of the initial registered office of the Corporation is 200 Avenue K SE, Suite 3, Winter Haven FL 33880 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Christopher D Britt, 200 Avenue K SE, Suite 3, Winter Haven FL 33880. The mailing address for the Corporation is PO Box 1095, Winter Haven FL 33882.

Article IV

Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

### Article V Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

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### Article VI Incorporator's Address

The name and post office address of the Incorporator(s) and initial Director(s) of the Corporation is as follows:

President: Christopher D Britt 200 Avenue K SE, Suite 3 Winter Haven FL 33880

Secretary/Treasurer: Travis T Lamb 1807 N Florida Avenue Lakeland FL 33805

The effective date of this Article of Incorporation shall be  $\bigcup \ \mathcal{Q}, 2005$ .

IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of 200, 2005.

Incorporator

STATE OF FLORIDA ) COUNTY OF POLK

The forgoing Articles of Incorporation were acknowledged before me, this day of CC+ , 2005.

NOTARY PUBLIC State of Florida

My Commission Expires:

CAROL D. LAMONS NOTARY PUBLIC - STATE OF FLORID COMMISSION # DD205256 EXPIRES 06/15/2007 BONDED THRU 1-888-NOTARY1

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# ACCEPTANCE BY REGISTERED AGENT

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

<u>Church Registered Agent</u>

Date

05 OCT 24 PM 12: 11

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