

1705000159457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

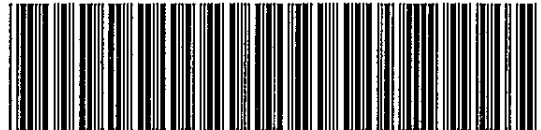
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FL 90504

J. Shivers
DEC 9 2005

COVER LETTER

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

SUBJECT: CAI GROUP 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: TRICIA DUNCAN
Name (Printed or typed)

1306 CORA PARK CIRCLE
Address

Winter Spgs, FL 32708
City, State & Zip

407.977.2997
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be:

CAI GROUP, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1306 CASA PANK Circle Winter Spgs FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COSTONER SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TRILIA DUNCAN, President
1306 CASA PANK Circle
Winter Spgs, FL 32708

ARTICLE VI REGISTERED AGENT

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

TRILIA DUNCAN
1306 CASA PANK Circle
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRILIA DUNCAN
1306 CASA PANK Circle
Winter Spgs, FL 32708

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA