

P05000/63621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

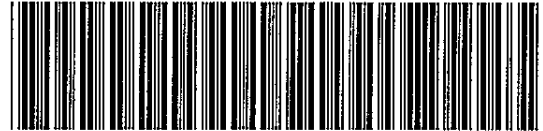
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Harry Krieger GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 12-15-05
DOQ. EXAM R.

Office Use Only



200061667612

12/05/05--01034--010 **78.75

FILED
05 DEC 15 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 15 2005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2005

CINTIA S ALZAGA
235 BURNING TREE DR
KISSIMMEE, FL 34743

SUBJECT: CH TOOLMASTER CORP
Ref. Number: W05000053881

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

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 305A00070646

COVER LETTER

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

SUBJECT: CH TOOLMASTER
(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: HARVY J URIARTE & CINTIA S ALZAGA
Name (Printed or typed)

900 W LANCASTER RD
Address

ORLANDO ,FLORIDA 32809
City, State & Zip

407- 251-6525
Daytime Telephone number

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:
CH TOOLMASTER CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
900 W LANCASTER RD, ORLANDO FL 32809

EFFECTIVE DATE

01-01-06

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
HARVY J URIARTE 900 W LANCASTER RD , ORLANDO FL 32809
CINTIA S ALZAGA 900 W LANCASTER RD , ORLANDA FL 32809

ARTICLE VI REGISTERED AGENT

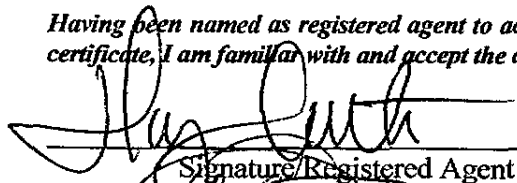
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
HARVY J URIARTE 900 W LANCASTER RD , ORLANDO FLORIDA 32809

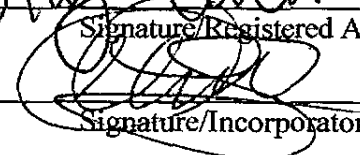
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
HARVY J URIARTE 235 BURNING TREE DR , KISSIMMEE FL 34743
CINTIA S ALZAGA 235 BURNING TREE DR , KISSIMMEE FL 34743

EFFECTIVE DATE 01/01/2006

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

12/12/2005
Date

12/12/2005
Date

FILED
05 DEC 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA