

PO5900168172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

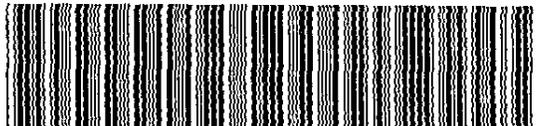
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
12-30-05

COVER LETTER

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

SUBJECT: C & B Fencing, 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: C & B Fencing, Inc.

Name (Printed or typed)

P.O. Box 1943

Address

LaBelle, Fl 33975

City, State & Zip

863-673-2872

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:

C & B Fencing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1943
LaBelled, FI 33975

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To start business, for profit

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):

Robert C. Howard, P.O. Box 1943, LaBelle, FI 33975, President
Brandi L. Howard, P.O. Box 1943, LABelle, FI 33975, Vice-President

ARTICLE VI REGISTERED AGENT

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

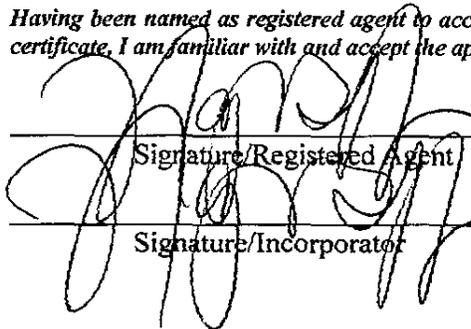
Nancy V. Imhoff
61920 Bronco Ct. S.W. LaBelle, FI 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy V. Imhoff
P.O. Box 715
LABelle, FI 33975

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

12/21/05

Date
12/21/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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