706000043233

(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: MAYNOL MATTINGAVE AUTHOMIZATION BY PHONE TO CORRECT MILL OF THE TO DATE 3/27/66 DOC EXAM MRS				





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03/24/06--01015--022 **87.50

OS MAR 24 AM 9: 28
SECRETABLE OF STATE AND A HASSEE, FLORIDA



COVER LETTER

Department of State			
Division of Corpora	tions		
P. O. Box 6327	- 4 -		
Tallahassee, FL 32	O	n A :	1.1/1
	hapin Bobea	tervices	INC.
	CAT SERVICES BY	/ MADTINEZAN	<u> </u>
SUBJECT: BOL	PROPOSED CORPORA	TENAME - MUST INCL	IDE SUFFIX
	(I NOI OSED COM ORA	TENAME - MOST MCD	ODE SUFFIA)
Enclosed are an original	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:
	T 670 75	□ 670.75	[] to 7 50
\$70.00 Filing Fee	S78.75 Filing Fee	\$78.75	✓ \$87.50
rung ree	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	& Certificate of Status	the Certified Copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: N	IAYNOR E. MARTINEZ		
<u> </u>	Name	(Printed or typed)	
	1310 SOUTH "L" ST		
	1	Address	
	LAKE WORTH FL. 334	60	
		State & Zip	
	0.03,		
	E61 201 7604		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

Incompliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CHAPIN BOBCAT SERVICES INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1310 SOUTH "L" ST LAKE WORTH FL. 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXCAVATION OR AGRICULTURE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAYNOR E. MARTINEZ 1310 SOUTH "L" ST LAKE WORTH FL. 33460

ARTICLE VI REGISTERED AGENT

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

MAYNOR E. MARTINEZ 1310 SOUTH"L" ST LAKE WORTH FL. 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAYNOR E. MARTINEZ 1310 SOUTH "L" ST LAKE WORHT FL. 33460

Having been named as regisfered 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

O3-21-2006

Date

O3-21-2006

Date

Date