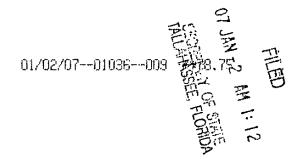
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Date: December 18, 2006

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

Re: <u>Cabalar, Inc.</u>
(name of corporation)
Gentlemen:
Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.75.
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.
Very truly yours,
William Timothy Johnston
Cabalar, Inc. (name of corporation)
MAILING ADDRESS OF CORPORATION
18504 Walker Road
Lutz, FL 33549

(727)-946-1565

## FILED. 07 JAN - 2 AM 1: 12 ESCRETATION OF SIETE

### ARTICLES OF INCORPORATION

· of	MOSEE. FLORIDA
CABALAR, INC.	·
(name of corporation)	
The undersigned subscriber(s) to these Articles of Incorporation, natural persocorporation under the laws of the State of Florida.	n(s) competent to contract, hereby form a
$\label{eq:ARTICLE I - CORPORATE NAME} ARTICLE  I - CORPORATE  NAME  IN CORPORATE  IN CORPO$	ME
Cabalar, Inc.	
ARTICLE II – DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law	<i>t</i> .
ARTICLE III – PURPOSE	
The corporation is organized for the purpose of engaging in business activities a States and the State of Florida.	as permitted under the laws of the United
ARTICLE IV – CAPITAL STOC	K
The corporation is authorized to issue one thousand shares (1000) of 1.00 par value Common Stock, which shall be designated "Com	
ARTICLE V – INITIAL REGISTERED OFFICE	E AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	Cabalar, Inc.				
ADDRESS	18504 Walker Road				
CITY	Lutz	FLORIDA	ZIP	33549	
*L	4 - 4 - 3 d				

The name and street address of the Initial Registered Agent of the Corporation is:

NAME	William Timothy Johnston		
ADDRESS	18504 Walker Road		
CITY	Lutz	FLORIDA	ZIP 33549

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have \_\_\_\_1 (one) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	William Timothy Johnston		
ADDRESS	18504 Walker Road		
CITY	Lutz	FLORIDA	ZIP <b>33549</b>
NAME			·
ADDRESS			
CITY			_ZIP
NAME			
ADDRESS			
CITY			ZIP

FORM 215: ARTICLES OF INCORPORATION, PAGE 1

PAGE 1

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### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	William Timothy Johnston		
ADDRESS	18504 Walker Road		
CITY	Lutz	Florida	ZIP 33549
NAME			
ADDRESS			
CITY			ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 27 to day of 2006

William Irmothy Johns (Seal

07 JAN -2 AM 1:13

### CERTIFICATE AND ACKNOWLEDGEMENT SECRELITY OF STATE TALLAHASSEE, FLORIDA

### CERTIFICATE OF REGISTERED AGENT

OF

Cabalar, Inc.
 (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at18504	4 Walker Road	
Lutz,	FL 33549	
has named	William Timothy Johnston	
located at the a	aforesaid address, as its Registered Agent to accept service of process	
within this state	<u> </u>	

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

FORM 215:

**CERTIFICATE & ACKNOWLWDGEMENT** REGISTERED AGENT

PAGE 3

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