Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000128367 3)))



H070001283873ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247
Phone: (800)494-3124

Fax Number : (305)675-2811

BUTHAY -9 PM 2: SECRETARY OF OTAL LLAHASSEE, TOR

FLORIDA PROFIT/NON PROFIT CORPORATI

CONNIE REEVES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/9/2007 5:06 PM

15614559885

2.0

H070001283673

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: **CONNIE REEVES INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

4403 16TH AVE NE

NAPLES FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

Director & President:

CONNIE REEVES
4403 16TH AVE NE TO THE TOTAL TO THE TOTAL T

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CONNIE REEVES 4403 16TH AVE NE NAPLES FL 34120

4070001283673

1670001283673

PAGE 2 CONNIE REEVES INC.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

CONNIE REEVES 4403 16TH AVE NE NAPLES PL 34120

Having been named as registered agent to accept service of process for the above 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.

DONNIE REEVES / Registered Agent

5 9 107 Date

519107

ZOOT MAY -9 PM 12: 48
SECRETARY OF STATE