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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ALL POINTS MOVING, INC.**

Certificate of Status	0
Certified Copy	0
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## **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:

ALL POINTS MOVING, INC.

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### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

700 OAK HEIGHTS COURT  
PORT ORANGE, FLORIDA 32127

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or 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 \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

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

DIRECTOR, PRESIDENT  
F. W. NOFTALL  
700 OAK HEIGHTS COURT  
PORT ORANGE, FLORIDA 32127

DIRECTOR, SECRETARY, TREASURER  
L. A. NOFTALL  
700 OAK HEIGHTS COURT  
PORT ORANGE, FLORIDA 32127

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**ARTICLE VI REGISTERED AGENT**

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

F.W. NOFTALL  
700 OAK HEIGHTS COURT  
PORT ORANGE, FLORIDA 32127

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

F.W. NOFTALL  
700 OAK HEIGHTS COURT  
PORT ORANGE, FLORIDA 32127

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.



F.W. NOFTALL / Registered Agent



F.W. NOFTALL / Incorporator

10/7/08  
Date  
10/7  
Date  
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