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COVER LETTER

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

SUBJECT: CHARLES OBERLIN, INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
<u>.</u>	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: CHARLES OBERLIN	
Name ((Printed or typed)
2909 CATHERINE DRIVE	Address
CLEARWATER, FL 33759 City,	State & Zip
727-432-0310 Daytime T	elephone 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:

CHARLES OBERLIN, INC.

PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2909 CATHERINE DR CLEARWATER, FL 33759

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

CONSTRUCTION & REMODELLING

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES

INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT 2909 CATHERINE DRIVE CLEARWATER, FL 33759

ARTICLE VI REGISTERED AGENT

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

CHARLES OBERLIN 2909 CATHERINE DRIVE CLEARWATER, FL 33759

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

CHARLES OBERLIN 2909 CATHERINE DRIVE CLEARWATER, FL 33759

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I amffimiliar withpand accept the appointment as registered agent and agree to act in this capacity

istered Agent

Signature/Incorporator