

# P1100019983

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 : I20070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**C. T. B. Morrison Inc.**

Certificate of Status	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:

C. T. B. MORRISON INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

12925 ROBERTS ISLAND ROAD  
ORLANDO, FLORIDA 32832

**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/are:

DIRECTOR, PRESIDENT  
RUSSELL MORRISON  
12925 ROBERTS ISLAND ROAD  
ORLANDO, FLORIDA 32832

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PAGE 2 C. T. B. MORRISON INC.

**ARTICLE VI REGISTERED AGENT**

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

RUSSELL MORRISON  
12925 ROBERTS ISLAND ROAD  
ORLANDO, FLORIDA 32832

**ARTICLE VII INCORPORATOR**

The name and street address of the Incorporator is:

RUSSELL MORRISON  
12925 ROBERTS ISLAND ROAD  
ORLANDO, FLORIDA 32832

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.

  
RUSSELL MORRISON / Registered Agent

FEB 28 2011  
Date

  
RUSSELL MORRISON / Incorporator

FEB 28 2011  
Date

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