

P12000081228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

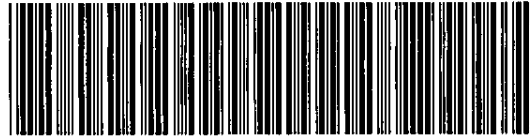
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/24/12--01028--004 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
9/25/12

## COVER LETTER

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

SUBJECT: CCMW Holdings, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Charles W Waters  
Name (Printed or typed)

8764 Canopy Oaks Drive  
Address

Jacksonville, FL 32256  
City, State & Zip

904-237-2375  
Daytime Telephone number

charliewaters@comcast.net  
E-mail address: (to be used for future annual report notification)

**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:

**CCMW Holdings, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8764 Canopy Oaks Drive

Jacksonville, FL 32256

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful business**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Christina S Waters, Pres/Treas**

Address: **8764 Canopy Oaks Drive**

**Jacksonville, FL 32256**

Name and Title:

Address:

Name and Title: **Charles W Waters, VP/Sec**

Address: **8764 Canopy Oaks Drive**

**Jacksonville, FL 32256**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **Kathy S Baker, EA**

Address: **165 Wells Rd, Ste 105**

**Orange Park, FL 32073**

**ARTICLE VII INCORPORATOR**

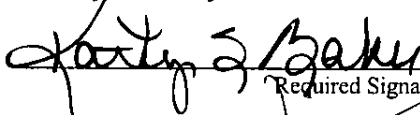
The name and address of the Incorporator is:

Name: **Charles W Waters**

Address: **8764 Canopy Oaks Drive**

**Jacksonville, FL 32256**

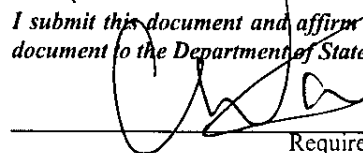
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

**5/17/12**  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

**5/23/12**  
Date