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11/28/12--01010--013 **70.00

2 NOV 28 PH I2: 24 SECRETARY OF STATE

11/29



COVER LETTER

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

SUBJECT: CHI	ELCOR, INC.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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	
		I ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

FROM:	MURRAY SILVERMAN, CPA				
	Name (Printed or typed)				
	1919 NE 45TH STREET. SUITE 215				
	Address				
	FT. LAUDERDALE, FL 33308				
	City, State & Zip				
	(954) 491 - 3292				
	Daytime Telephone number				
	MURRAY@MSPACPA.NET				
	E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

March Sa

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME.		
The name of the cor	rporation shall be: CHELCOR, INC.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
	09 VILLA BELLA DR.		
	SLAMORADA, FL 33036		
-			
ARTICLE III	PURPOSE		
The purpose for wh	nich the corporation is organized is:		
Α.	TO SELL RETAIL SUN GLASSES	AND OTHER ACCESSORIES	S.
T.	TO OTHER DEPOSED THE TAXABLE T	IO GOMBBAOS AND SO GADI	NY ON ANY DUCTNOCC
	TO OWN PROPERTY, ENTER INT CESSARY OR INCIDENTAL TO TH		
	E PURPOSE OR OBJECTS OF THI		INTHERANCE OF
		S CORPORATION.	
ARTICLE IV		\$1 OO DAD VALUE	
The number of shar	es of stock is: Too Shares At	\$1.00 PAR VALUE	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
	le: CRAIG E. ROTH, SECRETARY-TREASURER/DIRECT		
Address:	109 VILLA BELLA DR	Address:	
	ISLAMORADA, FL 33036		
Nome and Ti	le: KATHY J. ROTH, PRESIDENT/DIRECTOR	Name and Title:	
Address:	109 VILLA BELLA DR.	Address:	
Address.	ISLAMORADA, FL 33036	ridaress.	
	le:		
Address:		Address:	
			•
	REGISTERED AGENT		₹ co →
	ida street address (P.O. Box NOT accepta	ble) of the registered agent is:	12 SEC
Name: Address:	MURRAY SILVERMAN, CPA 1919 NE 45TH STREET		LAY!!
Address:	FT, LAUDERDALE, FL 33308		
			SS 28
ARTICLE VII	<u>INCORPORATOR</u>		runa rusa no me
	ress of the Incorporator is:		PH I2: 24 TE FLORIDA
Name:	CRAIG E. ROTH		(CORID)
Address:	109 VILLA BELLA DR ISLAMORADA, FL 33036		習者 20
	ISLAMORADA, FC 33030		¥m ₽
Having been name	d as registered agent to accept service of p	rocess for the above stated corpor	ation at the place designated in
this certificate, I an	n familiar with and accept the appointment	as registered agent and agree to a	ct in this capacity
•			
	Munay Lilverm Required Signature/Registered Ager	ar	11/12/12
	Required Signature/Registered Ager	nt .	Date
		to any day of the second state of the	-los information anti-vitable -
I submit this docu	ment and affirm that the facts stated herei partment of Stole constitutes a thirt/degrey	n are irue. I am aware that the fo I folony as provided for in s 217 15	use injormation submitted in a 'S FS
aocument to the De	epariment of signe constitutes a intrivilegred	zjewny as proviaca jor in s.617.13	J, 1 .D.
/	uni () AA		11-17-17-
	Required Signature/Incorporator		11-11-12 Date
	Acdutted Signature/Incorporator		240