

P1300000538A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

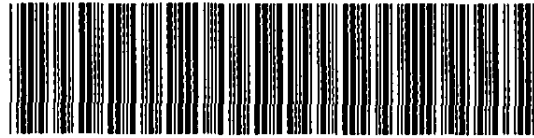
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/16/13--01005--015 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JAN 16 AM 11:35
13 JAN 16 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA
NOT PREPARED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

1/16

8

COVER LETTER

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

SUBJECT: C&M Property Management, 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: Christina Noel Story

Name (Printed or typed)

6771 NW 73rd Lane

Address

Chiefland, FL 32626

City, State & Zip

352-535-5496

Daytime Telephone number

cnoelstory@gmail.com

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: C&M Property Management, Inc. and lawn care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6771 NW 73rd Lane
Chiefland, FL 32626

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawn and landscape services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christina N. Story, Pres.
Address: 6771 NW 73rd Lane
Chiefland, FL 32626

Name and Title: Mark D. Story
Address: 6771 NW 73rd Lane
Chiefland, FL 32626

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mark D. Story
 Address: 6771 NW 73rd Lane
Chiefland, FL 32626

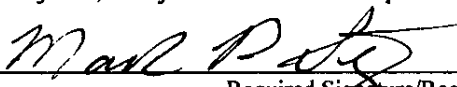
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

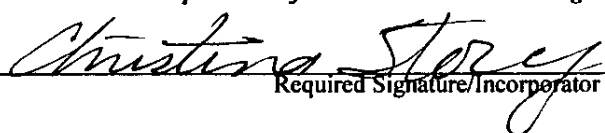
Name: Christiana N. Story
 Address: 6771 NW 73rd Lane
Chiefland, FL 32626

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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

 1/16/2013
 Required Signature/Registered Agent 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.

 1/16/2013
 Required Signature/Incorporator Date