

From:

11/17/2015 13:45

#652 P.001/003

**DISCOUNT 18**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**C&S Fenton Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV 16 PM 1:01

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15 NOV 17 PM 3:15

Electronic Filing Menu

Corporate Filing Menu

Help

From:

11/17/2015 13:46

#652 P.002/003

**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&S Fenton Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10016 Pines Boulevard

10016 Pines Boulevard

Pembroke Pines, FL 33024

Pembroke Pines, FL 33024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To conduct all activities set forth and permitted under and Florida corporation law

**ARTICLE IV SHARES**

The number of shares of stock is: 200 common- no par value

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

Name and Title: Charles Bonanno, Director

Name and Title: Suzette Bonanno, Director

Address 10016 Pines Boulevard

Address: 10016 Pines Boulevard

Pembroke Pines, FL 33024

Pembroke Pines, FL 33024

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

From:

11/17/2015 13:47

#652 P.003/003

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: Charles Bonanno  
Address: 10016 Pines Boulevard  
Pembroke Pines, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles Bonanno  
Address: 10016 Pines Boulevard  
Pembroke Pines, FL 33024


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

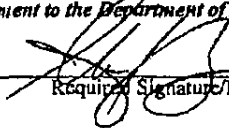
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X  \_\_\_\_\_ 11/11/15  
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.*

X  \_\_\_\_\_ 11/11/15  
Required Signature/Incorporator Date