

P 160000061207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

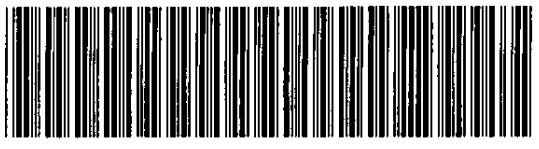
(Business Entity Name)

(Document Number)

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7/25/14

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 227440 4308005

AUTHORIZATION :

Spud Clement

COST LIMIT : \$ 70.00

ORDER DATE : July 22, 2016

ORDER TIME : 1:16 PM

ORDER NO. : 227440-005

CUSTOMER NO: 4308005

DOMESTIC FILING

NAME: CGI COMMERCIAL, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

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16 JUL 25 PM 4:05
CORPORATION OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

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

SUBJECT: CGI Commercial, 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: Jacqueline Y. Eastridge
Name (Printed or typed)
c/o Pepper Hamilton LLP 3000 Two Logan Square, 18th and Arch Streets
Address
Philadelphia, PA 19103-2799
City, State & Zip
215-981-4815
Daytime Telephone number
Eastridgej@pepperlaw.com
E-mail address: (to be used for future annual report notification)

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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)

FILED

ARTICLE I NAME
The name of the corporation shall be: CGI Commercial, Inc.

16 JUL 25 PM 4:05

ARTICLE II PRINCIPAL OFFICE
Principal street address

SECRETARY OF STATE
STATE OF FLORIDA

1070 Technology Drive

Nokomis, Florida 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing and fabricating products to supply the buildings products industry.

ARTICLE IV SHARES
The number of shares of stock is: 1,000 common, par value 5.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Jackson, President and Director

Name and Title: _____

Address 1070 Technology Drive

Address: _____

Nokomis, Florida 34275

Name and Title: Brad West, VP, Treasurer and Director

Name and Title: _____

Address 1070 Technology Drive

Address: _____

Nokomis, Florida 34275

Name and Title: Mario Ferrucci, VP, Secretary and Director

Name and Title: _____

Address 1070 Technology Drive

Address: _____

Nokomis, Florida 34275

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: Corporation Service Company
 Address: 1201 Hays Street
 Tallahassee, FL 32301

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Y. Eastridge
 Address: c/o Pepper Hamilton LLP Two Logan Sq.
 Philadelphia, PA 19103-2799

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
 Corporation Service Company

By: M. Zender Melissa Zender 7/25/16
 Required Signature: Registered Agent Asst. Vice President 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.

[Signature] July 22, 2016
 Required Signature/Incorporator Date