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CALLAHAN BROTHERS, INC

TYPE OF FILING: ARTICLES

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CERTIFIED COPY AND GOOD STANDING PLEASE

AUTHORIZATION: ABBIE/PAUT HORGE

COVER LETTER

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

SUBJECT:	BJECT:CALLAHAN BROTHERS, INC.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFTX)					
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and a	check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee &.Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	& Certificate of Status		
FROM:	Franklin G. Pilic	y, P.C. (Printed or typed)			
	365 Main Street	(Timied of types)	,		
	A	ddress			
	Watertown, CT 06	795			
City, State & Zip					
	860-274-0018		Ngwein enne di deside Newton		
	Daytime Telephone number			and a	
	wjoyce@joycevanlines.com			را ان	
	E-mail address: (to be used	for future annual report not	ification)		
			. : . 	**	

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)

ICLE I NAM name of the corpo	IE ration shall be: CALLAHAN BROTH	ERS, INC.	7917 Ars - 5	l'ii	1 - 1
ICLE II PRII	NCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:		. !!
195 Chris	tian Street				
Oxford, C	r 06478		<u> </u>		
ICLE III PUR purpose for which	POSE n the corporation is organized is:MOV i	ng and Storage Comp	pany		
				· -	•
·					
					
ICLE IV SHA	RES of stock is: 1,000				
number of shares of	of stock is: 1,000 IAL OFFICERS AND/OR DIRECTORS				
number of shares of	tle: William H. Joyce President / Director	Name and Title:			
number of shares of the shares of the share and Ti	of stock is: 1,000 IAL OFFICERS AND/OR DIRECTORS tle: William H. Joyce	— ···			
number of shares of the shares of the share and Ti	tle: William H. Joyce President / Director 113 Pepperell Road	— ···			
Number of shares of the CLE V JNIT Name and Ti	tle: William H. Joyce President / Director 113 Pepperell Road Hollis, NH 03049	— ···			
Number of shares of the CLE V JNIT Name and Ti	tle: William H. Joyce President / Director 113 Pepperell Road Hollis, NH 03049	Address: Name and Title:			
Name and Tit Name and Tit Name and Tit Name and Tit Name and Tit	tle: William H. Joyce President / Director 113 Pepperell Road Hollis, NH 03049 Rethur Gronbach Treasurer / Director	Address: Name and Title:			
Name and Tit Name and Tit Name and Tit Name and Tit Name and Tit	tle: William H. Joyce President / Director 113 Pepperell Road Hollis, NH 03049 le: Arthur Gronbach Treasurer / Director 195 Christian Street	Address: Name and Title:			
Name and Ti Address Name and Ti Address	de: Arthur Gronbach Treasurer / Director 195 Christian Street Oxford, CT 06478	Address: Name and Title:			
Name and Ti Address Name and Ti Address	Arthur Gronbach Treasurer / Director 195 Christian Street Oxford, CT 06478 Tele: Edward B. Morley Secretary / Director	Address: Name and Title: Address:			

Name and	Title:	Name and Title:	*
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)) of the registered agent is:	
Name:	Florida Filing & Search Ser	•	- Francis
Address:	155 Office Plaza Drive	- 	,
	Tallahassee, FL 32301		Annual Control of the
	· · · · · · · · · · · · · · · · · · ·	_	, с л.
ARTICLE VII II	NCORPORATOR		many from the second se
The name and add	Iress of the Incorporator is:		eman en
Name:	William H. Joyce	. <u></u>	<u> </u>
Address:	195 Christian Street	_	
	Oxford, CT 06478	_	
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and can	(OPTIONAL) not be more than five days prio	r or 90 days after the
	nserted in this block does not meet the applicate ective date on the Department of State's record		nis date will not be listed as
Having been name this certificate, I an	ed as registered agent to accept service of proc n familiar with and accept the appointment as	ess for the above stated corporation registered agent and agree to act i	n this capacity
	LO Hode		4/5/17
	Required Signature/Registered Agent		Date
I submit this document to the De	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fei	re true. I am aware that the false lony as provided for in s.817.155,	: information submitted in a F.S.
Cull 5	Loye-		april 3,2017
	e Signature/Incorporator H. Joyce		Date