

Pa20000 65752

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

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. REYNOLDS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

247 PAYASADA CIRCLE

PONTE VEDRA BEACH, FL 32082

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHAD REYNOLDS, PRESIDENT

Name and Title: _____

Address 247 PAYASADA CIRCLE

Address: _____

PONTE VEDRA BEACH, FL 32082

Name and Title: CARRIE REYNOLDS, V. PRES

Name and Title: _____

Address 247 PAYASADA CIRCLE

Address: _____

PONTE VEDRA BEACH, FL 32082

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: CHAD REYNOLDS
Address: 247 PAYASADA CIRCLE
PONTE VEDRA BEACH, FL 32082

ARTICLE VII INCORPORATOR

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

Name: B.A. FLOWERS, INC.
Address: 644 CESERY BLVD., STE 280
JACKSONVILLE, FL 32211

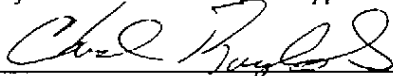
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

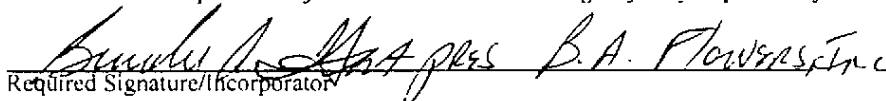


Required Signature/Registered Agent

8/1/22

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.



Required Signature/Incorporator

8/1/22

Date

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