

P240000043479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

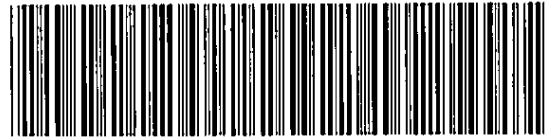
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (323) 5-7066 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: BROOK 6/27

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING INC \_\_\_\_\_

1. C&P MAINTENANCE AND PROFESSIONAL SERVICES CORP

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
JUN 27 11 04 AM '97

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**C&P MAINTENANCE AND PROFESSIONAL SERVICES CORP**

**ARTICLE I NAME**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2600 SW WILLISTON RD., UNIT 421

GAINSVILLE, FL 32608

Mailing address, if different is:

2600 SW WILLISTON RD., UNIT 421

GAINSVILLE, FL 32608

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MAINTENANCE

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

CHRISTOPHER M MORAN HOLGUIN JR.  
Name and Title: DIRECTOR

Address 2600 SW WILLISTON RD., UNIT 421  
GAINSVILLE, FL 32608

PAOLA RUFINO, DIRECTOR

Address: 2600 SW WILLISTON RD., UNIT 421  
GAINSVILLE, FL 32608

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

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

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

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

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: CHRISTOPHER M MORAN HOLGUIN JR.  
Address: 2600 SW WILLISTON RD., UNIT 421  
GAINSVILLE, FL 32608

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTOPHER M MORAN HOLGUIN JR.  
Address: 2600 SW WILLISTON RD., UNIT 421  
GAINSVILLE, FL 32608

**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*

Christopher M. Moran Holguin 6/26/24  
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.*

Christopher M. Moran Holguin 6/26/24  
Required Signature/Incorporator Date