P95000014244

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, F1 32314

SUBJECT: C & J Textures, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM: Charles Duvall 9820 87TH St N. Largo, Fl, 34647 (813) 392-7211

> 500001376495 -01/11/95--01091--011 ****122.50 ****122.50

189

DV 928



January 12, 1995

CHARLES DUVALL 9820 87TH ST. N. LARGO, FL 34647

SUBJECT: C & J TEXTURES, INC. Ref. Number: W95000000928

We have received your document for C & J TEXTURES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Letter Number: 395A00001525

Steven Godfrey Corporate Specialist

ANTICLES OF INCORPORATION

	C & J TEXTURES, INC.	
	(name of corporation)	
persons(s)	signed aubscriber(s) to these Articles of Incorporation, competent to contract, hereby form a corporation under the of Florida.	TAMB OT
	ARTICLES I - CORPORATE NAME	SECRET VISION C
The name o	of the corporation is:	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	C & J TEXTURES, INC.	<u> </u>
	ARTICLES II - DURATION	STATE STATE
This corpo	oration shall exist perpetually unless dissolved according to	Florida
	ARTICLE III - PURPOSE	
The corpor business Florida.	ration is organized for the purpose of engaging in any activi permitted under the laws of the United States and the S	ties or tate of
	ARTICLE IV - CAPITAL STOCK	
The corpor Dollar(s) Shares."	ration is authorized to issue one hundred shares (100) (\$ 1.00)par value Common Stock, which shall be designated	of <u>one</u> "Common
	ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The princi	lpal office, if known, or the mailing address of the corporation	n is:
NAME	C & J TEXTURES, INC.	
ADDRESS	9820 87TH ST N	
CITY	LARGO, FLORIDA 34647	
The name Corporation	and street address of the Initial Registered Agent on is:	of this
NAME	CHARLES DUVALL	
ADDRESS	9820 87TH ST N	
CITY	LARGO, FLORIDA 34647	

ADDRESS	9820_87TH_ST	LL	
CITY			
		N	
	LARGO	STATE FLORIDA	ZIP 34647
NAME			
ADDRESS			<u></u>
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
Incorporation NAME	and addresses on are as follow CHARLES DUVA	LL	
Incorporation	and addresses on are as follow	of the incorporators signs:	
Incorporation NAME	and addresses on are as follow CHARLES DUVA	of the incorporators signs:	
Incorporation NAME ADDRESS	and addresses on are as follow CHARLES DUVA 9820 87TH ST	of the incorporators signs:	
NAME ADDRESS GITY	and addresses on are as follow CHARLES DUVA 9820 87TH ST LARGO	of the incorporators signs:	ZIP 34647
NAME ADDRESS GITY	and addresses on are as follow CHARLES DUVA 9820 87TH ST LARGO	of the incorporators signs: LL N STATE FLORIDA	ZIP 34647
NAME ADDRESS GITY NAME	and addresses on are as follow CHARLES DUVA 9820 87TH ST LARGO	of the incorporators signs: LL N STATE FLORIDA	ZIP 34647
NAME ADDRESS CITY NAME ADDRESS CITY	and addresses on are as follows CHARLES DUVA 9820 87TH ST LARGO	of the incorporators significant significa	ZIP 34647
Incorporation NAME ADDRESS CITY NAME ADDRESS CITY NAME	and addresses on are as follows CHARLES DUVA 9820 87TH ST LARGO	of the incorporators significant significa	ZIP 34647

•	known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me thatexecuted these Articles of Incorporation.	
	IN WITNESS WHEREOF, I have herunto affixed my hand and seal, in the State and Gounty aforesaid, this day of, 19	
·	(Notary Public, State of Florida at Large)	
1. . .: 1.	My Commission expires:	. •

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE O. REGISTERED AGENT

OF

C & J TEXTURES, INC. (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

has named CHARLES DUVALL

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

registered agent)

OF FEB 20 AN SILE

PLEASE RE	EAD ALL INS	TRUCTION	S BEFORE (COMPLET	TING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIC	DA DEPARTME Sandra B. Mo Secretary of S	ENT OF STATE ortham State		SECRETARY OF ST	TATE
DOCUMENT # P95	50000142				A	AHONS :
1. Corporation Name C & J TEXTURES, INC.	· • · ·		,		96 NOV -6 AH 10	: 05
Principal Place of Business	Mailing Add	7053 - 27 M				
LAROO FL SHITT	LARGO FL	-0047	1			
if above addresses are incorrect in any way,	line through incorrect	information and onte	r correction below.	CD11/8	∀	
2. New Principal Office Address, II. Applicable	3. New Mail	iling Office Address, If		4. Date Incorp	porated or Qualified	20/196
Suite, Apt. #, etc. City & State	Sulte, Apt. #			5. FEI Number	er	Applied For
VINULIAN DARK EL	City & State	Countr	100	59- 3 6.	319 4879	Not Applicable
Zip 34666 Country 7. Names and Street Addresses of Each Office	<u> </u>			<u></u>	TE OF STATUS DESIRED	
Title(s) 2 Name of Office and/or Directo	ors	Str	treet Address of Each Officer and/or Director Use Post Office Box No	h .	City / State	/Zip
D DUVALL, CHARLES		9620 87TH ST I		umbers	LARGO FL SHO17	
					-	
		 				
•			~ — — — — — — — — — — — — — — — — — — —			
				i '	-11/13/9601	7878 1185022
					***************************************	****383.75
		<u></u>				
8, Name and Address of Cu	arrent Registered Agr		1	9 Name and /	Address of New Registered Age	
DUVALL, CHARLES	Hww		Name			<u>IM</u>
			Street Address (P.t	<u> </u>	is Not Acceptable)	2 (Z
LANGUEL MAN			Suite, Apt. #, Etc.		Proto 17) ကို တိုင်း
10. I, being appointed the registered agent of the	he above named copy	eration, am familiar w	PINELAZ	ligations of Sect	State Zi FL Zi ion 607,0505, F.S.	34666
Signature of Registered Agent Autority	REGISTERED AGI	REQU	JIRED		Date 926-96	
11. Does this corporation pa Dept. of Revenue under	ay any intang r S. 199.032,	ible tax to th Florida State	ne utes. Yes [□ Not\Z	(See other side for on intangible	
12. I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and it	of the names of Individu	i eliminated, the corpoi	Orale name salisties th on do not qualify for an	the requirements o	. A. AAMIN - COT OAO1 A. CAT DIGA	F.S., that all fees information indicated
NI Maria		7.1	2	Mater 15		
SIGNATURE: GNATONE AND TYPED O	R PRINTED NAME OF S	SIGNING OFFICER OR D	DIRECTOR		10-28-96 Date Devime	544487
					Velo	PILIFE