P95000036262

TRANSMITTAL LETTER

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

700001477857
-05/05/95--01074--001
*****70.00 *****70.00

SUBJECT: C.F.METRO WEST CORP.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

[X] $70.00 [ ] $78.75 [ ] $122.50 [ ] $131.25

95 MAY -5 AM 10:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM: COLEY MC DANIEL
Name (printed or typed)

1263 LAKE WILLISARA CR.
Address

ORLANDO, FL 32806
City, State & Zip

(407) 872-7507
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C.F. METRO WEST CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2439 S. HIAWASSEE ROAD
ORLANDO, FL 32835

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

COLEY MC DANIEL
1263 LAKE WILLISARA CR.
ORLANDO, FL 32806

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

COLEY MC DANIEL
1263 LAKE WILLISARA CR.
ORLANDO, FL 32806

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of MAY, 19 95.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: C.F. METRO WEST CORP.

95 MAY -5 PM 0:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2. The name and address of the registered agent and office is:

COLEY MC DANIEL
(Name)

1263 LAKE WILLISARA CR.
(P.O. Box not acceptable)

ORLANDO, FL 32806
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 OCT 21 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036262

1. Corporation Name
C.F. METRO WEST CORP.

Principal Place of Business	Mailing Address
2439 S. HIAWASSEE ROAD ORLANDO FL 32835	2439 S. HIAWASSEE ROAD ORLANDO FL 32835

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/06/1995

5. FEI Number: 59-3324672 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	MCDANIEL, COLEY	1024 GRIER AVE	ORLANDO, FL 32804

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-10/29/96--01099--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

MC DANIEL, COLEY
1263 LAKE WILLISARA CR.
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1024 GRIER AVE
Suite, Apt. #, Etc.:
City: ORLANDO | State: FL | Zip Code: 32804

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: C.D. McDaniel III — Date: 10/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: C.D. McDaniel III / C.D. McDANIEL III 10/15/96 (407)291-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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