P95000061780

FILED
95 AUG -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Accounting Plus Tax Service
(Requestor's Name)
12319 S. Orange Blossom Tr.
(Address)
#288
(City, State, Zip) (Phone #)
[redacted] Orlando, Fl. 32837

OFFICE USE ONLY

300001556508
-08/08/95--01086--005
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

EFFECTIVE DATE
August 7, 1995

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials 8-10-95

CR2E031(10/92)

FILED

95 AUG -7 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The Corporate name is: CORPORATE VISUAL SERVICES, INC.

ARTICLE II

DURATION

This Corporation shall commence as of the date of the complete execution and acknowledgment of these Articles and shall have perpetual existence.

ARTICLE III

PURPOSE

This Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is 7,500 all of which shall be common shares with a no par value.

ARTICLE V

REGISTEREL OFFICE

The street address of the initial Principle Office of the Corporation is:

519 NORTH MILLS AVENUE
ORLANDO, FL 32803

and the name and address of the initial Registered Agent is TERRY D. CUFFEL, 345 FOREST WAY CIRCLE, ALTAMONTE SPRINGS, FL 32701.

The Board of Directors may, from time to time, move the principal office to any other address.

ARTICLE VI

DIRECTORS

There shall be a Board of Directors for this Corporation which shall consist of not less than one (1). Except for the number constituting the initial Board of Directors, the number of directors may be increased or diminished from time to time by the By-Laws adopted by the Shareholders.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The name and street address of the initial Board of directors of this Corporation, who, subject to these Articles of Incorporation and the Laws of the State of Florida, shall hold office until the first annual meeting of the Shareholders or until his/her resignation, removal from office or death is:

CHAIRMAN/TREASURER	SECRETARY
TERRY D CUFFEL	MARTHA C CUFFEL
345 FOREST WAY CIR	345 FOREST WAY CIR
ALTAMONTE SPRINGS, FL	ALTAMONTE SPRINGS, FL

ARTICLE VIII

INCORPORATOR

The name and address of the Incorporator is:

TERRY D CUFFEL
345 FOREST WAY CIRCLE
ALTAMONTE SPRINGS, FL 32701
Phone: 407-894-5205

ARTICLE IX

BY - LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors of the Shareholders.

ARTICLE X

INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI

AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles or any amendment hereto, any right conferred upon the Shareholders are subject to this resolutions.

IN WITNESS WHEREOF. I have Subscribed my name this 7th day of August 1995.

Incorporator

CERTIFICATE OF REGISTERED AGENT

Having been named to act as Registered Agent for the above named Corporation, at the place designated in the foregoing Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provision of all statutes relative to the proper and complete performance of duties.

Registered Agent

FILED
95 AUG -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 OCT -2 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061780

Corporate Name
CORPORATE VISUAL SERVICES, INC.

Principal Place of Business:
519 NORTH MILLS AVENUE
ORLANDO FL 32803

Mailing Address:
519 NORTH MILLS AVENUE
ORLANDO FL 32803

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/1995

5. FEI Number: 59-3331-844 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED xx — $8.75 Additional Fee required for a Certificate of Status

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CDT	CUFFEL, TERRY D	345 FOREST WAY CIR	ALTAMONTE SPRINGS FL
DS	CUFFEL, MARTHA C	345 FOREST WAY CIR	ALTAMONTE SPRINGS FL

700001978037--1
-10/17/96--01007--024
****383.75 ****383.75

8. Name and Address of Current Registered Agent

CUFFEL, TERRY D
345 FOREST WAY CIRCLE
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: [signature] REGISTERED AGENT MUST SIGN   Date 9/25/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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 statement applicable, 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   9/25/96 Date   407-8944-5205 Daytime Phone #

CR2E040 (7/96)

0013116 AF