

CORPORATE CLASS, INC.
1116-D THOMASVILLE RD
TALLAHASSEE, FL 32303
(904) 282-2666

Requestor's Name

P96000040310

City/State/Zip

Phone #

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FL 32303
12/90

Office Use Only

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

1. Custom Resources, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
96 MAY 10 AM 10:51
DIVISION OF CORPORATION

BROWN MAY 10 1996

FILED
96 MAY 10 3:11:01
CLERK OF DISTRICT COURT
JULIA A. HARRIS

ARTICLES OF INCORPORATION
OF
CUSTOM RESOURCES, INC.

The undersigned subscriber to these Articles of Incorporation natural person competent to contract, hereby subscribes to and forms a corporation for profit under the laws of the STATE OF FLORIDA.

ARTICLE 1. NAME

The name of the Corporation is;

Custom Resources, Inc.

ARTICLE 2. NATURE OF BUSINESS

The Corporation may engage in any activity or business permitted under the Laws of the UNITED STATES and of the STATE OF FLORIDA.

ARTICLE 3. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is 400 shares of common stock, having the par value of five dollars (\$5.00).

ARTICLE 4. INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is two thousand dollars (\$2,000).

ARTICLE 5. TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 6. ADDRESS

The principal office of this Corporation shall be and is located at 1025 MOCCASIN RUN RD. OVIEDO, FL, 32765. The BOARD OF DIRECTORS may from time to time designate such other address and place of the principal office of the corporation as it may see fit.

ARTICLE 7. DIRECTORS

The Corporation shall have two (2) Directors initially, but may be increased from time to time by the BOARD OF DIRECTORS.

The two directors name and address are listed as well.

NAMES

Address

JEFFREY A. HENNINGIS

1025 MOCCASIN RUN RD.
OVIEDO, FL. 32765

LISA A. HENNINGIS

1025 MOCCASIN RUN RD
OVIEDO, FL. 32765

ARTICLE 8. SUBSCRIBER

The subscriber to these Articles of Incorporation is the persons named above to serve as a Board of Director of the Corporation.

The name such subscriber and their respective addresses are more particularly set forth in ARTICLE 7. above.

ARTICLE 9. EFFECTIVE DATE

These Articles of Incorporation shall be effective upon their having been properly filed with and accepted by the Secretary of STATE of FLORIDA.

In WITNESS WHEREOF, I have hereunto set forth my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the STATE of FLORIDA, this 9th day of MAY, 1996.


JEFFREY A. HENNINGIS

STATE OF FLORIDA
COUNTY OF SEMINOLE

presented identification

Before me personally appeared JEFFREY A. HENNINGIS who ~~is well known~~ *presented identification* to me, and known to me to be the individual described in and who executed the foregoing Article of Incorporation and acknowledged before me that he executed the same for the purpose therein expressed.

Witness my hand and official seal in the COUNTY and STATE named above this day of MAY 1996.

FILED
96 MAY 10 9 16 AM '96
9#

MY COMMISSION EXPIRES:



HEIDEMARIA K. LILE
MY COMMISSION # CC410800 EXPIRES
November 8, 1998
BONDED THIRD PARTY FARM INSURANCE, INC.

ID: IL DL# H552-4215-1203

Heidemaria K. Lile
NOTARY PUBLIC STATE OF FLORIDA
HEIDEMARIA K. LILE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE.

Pursuant to the provisions of sections 607,6501, 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 CUSTOM RESOURCES, INC.
2. The name and address of the registered agent and office is:

JEFFREY HENNINGS
1025 MOCCASIN RUN RD.
OVIEDO, FL. 32765

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.

Jeffrey A. Hennings
JEFFREY A. HENNINGS

5/9/96
DATE