P96000060775

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

Re: Franklin County Glass , Inc.

DDC0001896900 -07/18/96--01070--020 ****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Sherwa Chandler

Therega Chandler (Individual's Name)

Franklin County Glass , Inc. (Name of Corporation)

P. O. Box 1357

Carrabelle, Florida 32322

PHONE

(904) 697-8007
Area Code Number Ext.

ne 1-19-96

ARTICLES OF INCORPORATION

of

ERANKLIN C	COUNTY GLASS , INC. (name of corporation)	1 to 20 to 10 to 1
The undersigned acting as the incorporators the following articles of incorporation for such co	M's corneration under the Blocks Decisions	Corporation Act, adopt(s)
	RTICLE I - CORPORATE NAME	
The name of the corporation is:		
FRANKLIN_COUNTY_GLASS_	,_INC.	တ
This corporation shall exist perpetually unle	ARTICLE II - DURATION ss dissolved according to Florida law.	ELLED
	ARTICLE III - PURPOSE	9 37 37
The corporation is organized for the purpose United States and the State of Florida.	of engaging in any activities or business per	mitted under the laws of th
The corporation is authorized to issue	E V - INITIAL PRINCIPAL OFFICE	1.00per share
STREET ADDRESS Highway	98 & Timber Island Rd.	
CITY Carrabelle	FLORIDA	ZIP 32322
Mailing address, if different STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
P. O. Box 1357		
CITY Carrabelle	FLORIDA	ZIP
	TIAL K GISTERED OFFICE AND AGE	ZIP 32322
The street address of the initial registered		
NAME Theresa Chandler		
ADDRESS	98 & Timber Tsland Rd.)	
CITYCarrabelle	FLORIDA	ZIP
*		

This corporation shall have <u>Pwo</u> either increased or diminished from time to time I addresses of the initial director(s) of the corporation	IV LILE IIVel GUVG THEE CHILL MALLACE bas Land	1996 8 41 41
NAME Jimmy Chandler		
ADDRESS P. O. Box 1357	······································	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
CITY Carrabollo	STATE Florid	a ZIP 32322
NAME Thorosa Chandlor	riorio	32322
ADDRESS P. O. Box 1357	· · · · · · · · · · · · · · · · · · ·	······································
CITY Carrabelle	STATE Florida	ZIP 32322
NAME	FADELGO	3/32/
ADDRESS		
CITY	STATE	ZIP
ARTIC The names and addresses of the incorporators sign NAME		as follows:
ADDRESS P. O. Box 1357		
CITY Carrabells	GJOL LOSEN	ZIP 32322
NAME Theresa Chandler	ETOPIG	32322
ADDRESS P. O. Box 1357		
CITY Carrabelle	STATE Florida	ZIP 32322
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed ay of	these Articles of Incorporation thi	s17th
	Theresa Cha	andle (Signature) Modern (Signature) (Signature)

CPRTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	The result of th	95 Jul 18 88 3: 37	in the contract of the contrac
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is subtracted above corporation, organized under the laws of the State of Florida with its as indicated in the Articles of Incorporation atHighway_98_&_mimber_Faland_Rd.	nitted; registeræd	០រពិស	e
P. O. Box 1357 , Carrebelle, Florida 32322			
located at the aforesaid address, as its registered agant to accept service of processtate.	ss within t	this	

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.

Theresa Chardler July 17, 1996
(Signature) (Date)