

P96000082804

TRANSMITTAL LETTER

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

400001963794
-10/03/96--01046--003
***122.50 ***122.50

SUBJECT: COMMERCIAL SPECIALISTS INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
36 OCT -3 4:11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

MIKE RICE

Name (printed or typed)

1954 SHADE TREE WAY #C

Address

WEST PALM BEACH, FL 33406

City, State & Zip

(561) 357-0009

Daytime Telephone number

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

nc OCT 8 1996

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:

COMMERCIAL SPECIALISTS INC.

ARTICLE II PRINCIPAL OFFICE

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

1954 SHADE TREE WAY SUITE #C
WEST PALM BEACH, FL 33406

ARTICLE III SHARES

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

200 SHARES OF COMMON STOCK HAVING
PER VALUE OF (\$1.00) PER SHARE,

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIKE RICE
1954 SHADE TREE WAY SUITE #C
WEST PALM BEACH, FL 33406

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT -3 AM 11:35

FILED

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MIKE RICE
1954 SHADE TREE WAY SUITE #C
WEST PALM BEACH, FL 33406

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

16TH day of AUGUST, 1996.

(An additional article must be added if an effective date is requested.)

Mike Rice
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: COMMERCIAL SPECIALISTS INC.
2. The name and address of the registered agent and office is:

MIKE RICE
(NAME)

1954 SHADETREE WAY SUITE #
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

WEST PALM BEACH, FL 33406
(CITY/STATE/ZIP)

FILED
96 OCT -3 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mike Rice
(SIGNATURE)

8/16/96
(DATE)