

P970000877569
TRANSMITTAL LETTER

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

400002286184--9
-09/05/97--01106--009
****131.25 ****131.25

SUBJECT: C & E MASTER PRINT, 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

FROM: NANCY HOLGUIN
Name (Printed or typed)
628 Cascade Falls Dr.
Address
Weston, FL 33327
City, State & Zip
(954) 384-9377
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -5 PM 3:29

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

5
BROWN SEP - 8 1997

**ARTICLES OF INCORPORATION
OF**

C & E MASTER PRINT, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -5 PM 3:30

ARTICLE I - NAME AND ADDRESS

NAME: C & E MASTER PRINT, INC
ADDRESS: 628 Cascade Falls Dr., Weston, FL 33327

ARTICLE II DURATION

This Corporation shall have perpetual existence comencing on the date this Articles of Incorporation are filed with the Florida Secretary of State.

ARTICLE III PURPOSE

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

ARTICLE IV CAPITAL STOCK

This Corporation is authorized to issue 500 shares of One (\$1.00) Dollar par value common stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED AGENT

The name and Street Address of the initial registered agent and Office of this Corporation is:

NANCY HOLGUIN
628 Cascade Falls Dr.
Weston, FL 33327

C & E MASTER PRINT, INC.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have One (1) Director initially. The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than One(1) The name and address of the initial Director of this Corporation is:

NAME

ADDRESS

NANCY HOLGUIN

628 Cascade Falls Dr., Weston FL 33327

Titles: President/Secretary/Treasurer/Director

ARTICLE VII - BY-LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder or Directors.

ARTICLE VIII - INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by Law.

ARTICLE IX - PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE X - INCORPORATOR

The names and the addresses of the persons signing these Articles are:

NANCY HOLGUIN

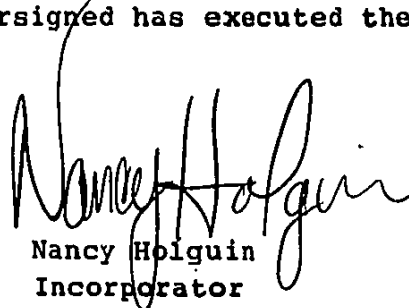
628 Cascade Falls Dr.
Weston, FL 33327

C & E MASTER PRINT, INC

ARTICLE XI - AMENDMENT

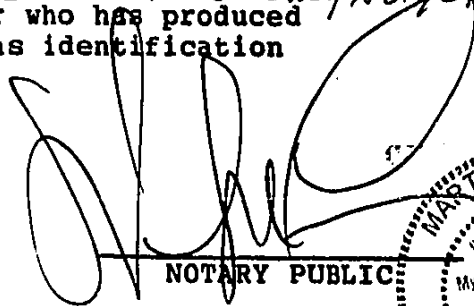
This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of Florida General Corporation Act.

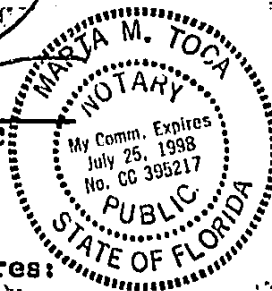
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this


Nancy Holguin
Incorporator

STATE OF FLORIDA)
)
COUNTY OF)

The foregoing instrument was acknowledge before me this
27 day of August, 1997 by Nancy Holguin
(☒ personally known to me or who has produced
as identification


NOTARY PUBLIC



My Commision Expires:

**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: C & E MASTER PRINT, INC

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

NANCY HOLGUIN

(NAME)

628 Cascade Falls DR.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Weston, FL 33327

(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.

Nancy Holguin

(SIGNATURE)

8-27-97

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -5 / PH 3:30