

P97002079944

TRANSMITTAL LETTER

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

SUBJECT: CD'S CHIPPENAILS, CORP.
(Proposed corporate name - must include suffix)

900002293039---1
09/15/97--01101--022
*****78.75 *****78.75

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:

STACY ROBICHAVO
Name (printed or typed)

113 N. FEDERAL HWY
Address

DANIA FL. 33004
City, State & Zip

904-917-4002
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 15 AM 9:47

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

WS 9/16

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:

CD'S CHIPPENAILS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

113 N. FEDERAL Hwy.
DAVIA FL 33004

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRISTOPHER DOLCE
15928 WESTWIND CIRCLE
SURPRISE, FL 33376

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 SEP 15 AM 9:47

See instructions for officers/directors

CHRISTOPHER DOLCE
15928 WESTWIND CIRCLE
SUNRISE FL. 33326

STACEY ROBINHAUD
15928 WESTWIND CIRCLE.
SUNRISE E. 33326

12TH day of SEPTEMBER, 19 97.

Christyln D. Doe
Signature

Steve R. F.
Signature

Signature

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: CD'S CHIPPENWALS, CORP.

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

CHRISTOPHER DOLCE
(NAME)
5928 WESTWIND CIRCLE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
SUNRISE FL 33326
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 15 AM 9:47

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.

Christopher Dolce
(SIGNATURE)

9/12/97
(DATE)