

P97000092227

TRANSMITTAL LETTER

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

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-10/24/97--01036--002

131:25131:25

SUBJECT: CANI, 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:

James D. Bowen Jr
Name (Printed or typed)

2555 Sand Castle Way
Address

Indian Shores, FL 32903
City, State & Zip

(407) 951-0157
Daytime Telephone number

FILED
97 OCT 24 AM 9 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ON 10/28/97

Articles of Incorporation

The undersigned incorporator, for purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of Incorporation.

Article I Name

The name of the corporation shall be:

CANI, Inc.

Article II Principal Office

The principal place of business and mailing address of this corporation shall be:
2555 Sand Castle Way, Indialantic, FL 32903

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares.

Article IV Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:

James D. Bowen, Jr
2555 Sand Castle Way
Indialantic, FL 32903

Article V Incorporator

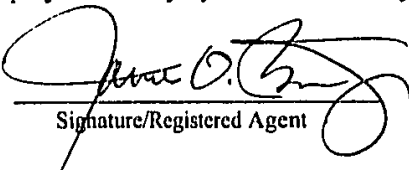
The name and address of the incorporator to these Articles of Incorporation are:

James D. Bowen, Jr
2555 Sand Castle Way
Indialantic, FL 32903


Signature/Incorporator

10/21/97
Date

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.


Signature/Registered Agent

10/21/97
Date

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97 OCT 24 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA