P98000039912

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

		8	:00003 -04/3 ****	25 OE 80/98 ×131.25	0105
SUBJECT:	Cuta Away, Inc.				
	(Proposed corpor	rate name - must include su	ffix)		
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :		7
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	ONAL COPY REQUIRED		
FROM:	Clifford D. Scherr	merhorn rinted or typed)			
	125-B Lake Hobbs	••			
		Address			
	Lutz, FL 33549	State & Zip		₩ ₩	98
	·	siate & Lip		CRET	3 APR
	(813) 909-0269 Daytime Telephone number			ASSE	30

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

nc 5/4/98

FILED

ARTICLES OF INCORPORATION

98 APR 30 AM 9: 05

The undersigned incorporator, for the purpose of forming a corporation under the FloridaCRETARY UF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cut Away, Inc.

ARTICLE II PRINCIPAL OFFICE

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

125-B Lake Hobbs Road Lutz, FL 33549

ARTICLE III SHARES

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

0ne

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Clifford D. Schermerhorn 125-B Lake Hobbs Road Lutz, FL 33549

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Clifford D. Schermerhorn - President/Owner 125-B Lake Hobbs Road Lutz, FL 33549

Signature/Incorporator

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

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

Date