

P9800040379

Complete Property Care, Inc.  
299 NW Prima Vista Blvd  
Port St Lucie, FL 34953

FILED

98 MAY -1 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

27 April 1998

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

000002507510--2  
-05/01/98--01041--009  
\*\*\*\*122.50 \*\*\*\*122.50

Re: Complete Property Care, Inc.

Gentlemen:

Enclosed please find the original and one copy of the  
Articles of Incorporation, together with my check in  
the amount of \$122.50.

This represents the cost of the Filing Fees, Certified  
Copy of Articles of Incorporation and Fee for Registered  
Agent Designation for the above named corporation.

Very truly yours,

*Bobbie Reese*

Bobbie Reese

Complete Property Care, Inc.

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P. Hall  
MAY - 5 1998

# ARTICLES OF INCORPORATION

of

Complete Property Care, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Complete Property Care, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
299 NW Prima Vista Blvd		
CITY	FLORIDA	ZIP
Port St Lucie,		34953
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>BOBBIE</u> Bobbie Reese	
ADDRESS	299 NW Prima Vista Blvd	
CITY	FLORIDA	ZIP
Port St Lucie		34953

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### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Albert Reese		
ADDRESS	299 NW Prima Vista Blvd		
CITY	Port St Lucie	STATE	FL ZIP 34953
NAME	<del>BOBBIE</del> Bobbi Reese		
ADDRESS	299 NW Prima Vista Blvd		
CITY	Port St Lucie	STATE	FL ZIP 34953
NAME			
ADDRESS			
CITY		STATE	ZIP

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Albert Reese		
ADDRESS	299 NW Prima Vista Blvd		
CITY	Port St Lucie	STATE	FL ZIP 34953
NAME	Bobbi Reese		
ADDRESS	299 NW Prima Vista Blvd		
CITY	Port St Lucie	STATE	FL ZIP 34953
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of 4/27, 19 98.

Albert Reese (Signature)

Bobbi Reese (Signature)

\_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

Complete Property Care, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at Complete Property Care, Inc.

299 NW Prima Vista Blvd Port St Lucie, Fl 34953

has named BOBBIE  
~~Bobbie~~ Reese

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Bobbie Reese

(Signature)

4/27/98

(Date)