## P980 TRANSMITTALLEHER 5683

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

300002527648---8 -05/18/38--01103--003 \*\*\*\*\*78 75 \*\*\*\*\*78.75

SUBJECT: Conner Cariages + Occasions Inc.
(Proposed conforate 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

\$131.25

Filing Fee & Certified Copy

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Doyle Connex
Name (Printed or typed)

595 h ha 11

Mulberry 1.
Address

Monticello (1 32344) City, State & Zip

880 488-4131

Daytime Telephone number

98 MAY 18 AM 8: 1:
SECRETARY OF STATE
TALLAHASSEE, FLORID

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

QN5-21-98

## ARTICLES OF INCORPORATION

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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall	
APTICLE III SHAPES Montrello, C/ 3	LA.
ARTICLE III SHARES Montrello, Cl 3	44568
The number of shares of stock that this corporation is authorized to have our	•
ONE	
ARTICLE IV INITIAL REGISTERED AGENT AND STRE	ET ADDRESS
The name and Florida street address of the initial registered agent are:	
Doyle Corner 17 385 n. Mulberry 17 Montrallo, Fl 32344	<b>98</b> SE( TAL
ARTICLE V INCORPORATOR	LAHA F
The <u>name and address</u> of the incorporator to these Articles of Incorporation	n are:
Doyle Corner.	mo M
385 n. Mulbury 14.	FST E C
mortifollo, Cl 32344	ATE ATE
7/1/	5-13-98
Signature/Incorporator	Date

The name of the corporation shall be: Conner Carriages & Occasions, Inc.

(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