TRANSMITTAL LETTER 1980009305/

DIVISION OF CORPORATIONS

98 NOV -2 AM 10: 18

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

100002677461-1 -11/02/98--01029--001 ****122.50 *****78.75

SUBJECT:	CMA	PLASTERING 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

□ \$131.25 Filing Fee,

Filing Fee & Certified Copy

Certified Copy

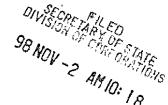
& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Name (Printed or typed)
	10119 SUNSHINE DR
	BON'ITA SPRINGS, FL 34134 City, State & Zip
	941 - 99 2-1745 Daytime Telephone number

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

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:

CMA PLASTERING INC

ARTICLE II PRINCIPAL OFFICE

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

10119 SUNSHINE DR. BONITA SPRINGS, FL 34135

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CHRISTOPHER ASHKER 10119 SUNSHINE DR BONITA SPRINGS, FI 34135



See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CHRISTOPHER ASHKER 10119 SUNSHINE DR BONITA SPRINGS, FL 34135

The undersigned moorp	orator(s) maximate) executed misser mission or missiporation and
24 day of	MTOBER, 19 98.
(An additional article m	ust be added if an effective date is requested.)
	Will Sh
•	Signature
	Signature
. .	
	Signature

Notarization is not required

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___

CMA PLASTERING INC

2. The name and address of the registered agent and office is:
CHRISTOPHER ASHKER
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
BON'TA SPRINGS FI 34135
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.