

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
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  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CMA PLASTERING INC  
Name (Printed or typed)

10119 SUNSHINE DR  
Address

BONITA SPRINGS, FL 34134  
City, State & Zip

941-992-1745  
Daytime Telephone number

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

D. BROWN NOV - 3 1998

## ARTICLES OF INCORPORATION

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*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 ASHKEE  
10119 SUNSHINE DR  
BONITA SPRINGS, FL 34135

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

CHRISTOPHER ASHKE  
10119 SUNSHINE DR  
BONITA SPRINGS, FL 34135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29<sup>th</sup> day of OCTOBER, 19 98.

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

  
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**

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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 ASHKE  
(NAME)

10119 SUNSHINE DR  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BONITA SPRINGS, FL 34135  
(CITY/STATE/ZIP)

*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)

10-29-98  
(DATE)