79900009678

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

SUB.	TECT:	Cable Building Ser (Proposed corporate	rvices, Inc. le name - must include suff	ix)	-
			80	00027500 -02/01/99010 *****70.00 *	289 79016 *****70.00
Enclo	sed is an origin	nal 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:	Martin Adler Name (Printed	or typed)	·	。
	 	P.O. Box 15634 Addres	s		e die State
NEO N	PM 12: 01	Panama City City, State	, FL. 3240 & Zip	LLAHASSEE	FILED 99 FEB - I PA
	PER -1	850,960.7777 Daytime Telepho	one number	S FLORIDA	ED PH 12: 16

T. SMITH FEB 0 \ 1999



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 I NAME

The name of the corporation shall be:

Cable Building Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Business Address 7121 W. Hwy 98

Panama City Beach, Florida

32407

Mailing Address

Post Office Box 15634

Panama City, Florida

32406

ARTICLE III SHARES

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

time is:

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Martin Adler

1721 w. WWY. 98

Panama City Beach, Fl. 32407

ARTICLE V **INCORPORATOR**

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

Martin Adler

Post Office Box 15634

Panama City

Florida 32406

Signature/Incorporator

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

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