P9944333785

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

200002830182--6 -04/06/99--01020--004 *****78.75 ******78.75

Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a ch	neck for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	SECRE
FROM:	FELICIA 5. I Name (Pr), Powe inted or typed)		TARY OF STATE
	11514 DELEC	ATE Coup	<u>.+</u>	ATIONS
	Jacksonville City, S	F1 32241 State & Zip	<i>Q</i>	

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

4795

ÁRTICLES 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:
C. Alexander Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
P.O. Box 350451
JACKSONGILLE FL 32203
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shakes Cone Thousand
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Felicia S.D. Poceell
11514 Delegate Court
JACKSONUINE, FI 32246
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Felicier S.D. Dowell
11514 DSIEGATE COURT
11514 DelegAte Court JACK sonville, F1 32246
45/1682 6D Kr. XVI 3/14/99
Signature/Incorporator Date
•
(An additional actions of the add of the affective data is managed)

(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