

**P99000047240**  
**TRANSMITTAL LETTER**

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

400002881544--3

-05/20/99--01089--017

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: C. A. O'BERRY, 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: CAROLYN A. O'BERRY  
Name (printed or typed)

1109 JASMINE DR.  
Address

SEBRING, FLA. 33872  
City, State & Zip

(941) 385-5051  
Daytime Telephone number

**FILED**  
99 MAY 20 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*CB*  
*5-25-99*  
*4*

## 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:

C. A. O'BERRY, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1109 JASMINE DR.  
SEBRING, FLA. 33872

### ARTICLE III SHARES

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

5000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLYN A. O'BERRY  
1109 JASMINE DR.  
SEBRING, FLA. 33872

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**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):

CAROLYN A. O'BERRY  
1109 JASMINE DR.  
SEBRING, FLA. 33872

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

18<sup>TH</sup> day of MAY, 19 99.

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

Carolyn A O'Berry  
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: C. A. O'BERRY, INC.

2. The name and address of the registered agent and office is:

CAROLYN A. O'BERRY  
(NAME)

1109 JASMINE DR.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SEBRING, FLA. 33872  
(CITY/STATE/ZIP)

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*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.*

Carolyn A. O'Berry  
(SIGNATURE)

5/18/99  
(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**