

TRANSMITTAL LETTER
P99000093917

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

400003022194--5

-10/22/99--01055--013

*****78.75 *****78.75

SUBJECT: CONDEMNATION CONSULTANTS 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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

ROBERT W. LAMOND

Name (Printed or typed)

113 LAKE INA DRIVE WEST

Address

WINTER HAVEN, FL, 33884

City, State & Zip

941 - 604 - 5400

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 22 AM 7:35

FILED

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

T BROWN OCT 26 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:

CONDEMNATION CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

113 LAKE INA DRIVE WEST
WINTER HAVEN, FL. 33884

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARY K. LAMOND
113 LAKE INA DRIVE WEST
WINTER HAVEN, FL. 33884

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT W. LAMOND
113 LAKE INA DRIVE WEST
WINTER HAVEN, FL. 33884


Signature/Incorporator

10-18-1999

Date

(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

10-18-1999

Date

FILED
99 OCT 22 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA