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

SUBJECT: A Tota	1 Managment Com	Mang		
	Proposed corporate nar	ne - must include suffix)		2
Enclosed is an original and	one (1) copy of the		-05/万万0二万元后	59 009 **78.75
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	<ul><li></li></ul>	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: <u>Leo</u>	nne Halista			- * #
Name (Printed of typed)  5108 9 <sup>th</sup> Street South # 204  Address				
Naples	City, State 8	4102 Zip	·	i i i i i i i i i i i i i i i i i i i
(941)	434-0357 Daytime Telephon	e number	OO MAY 10 SECRETARY TAILLAHASSI	Ŧ

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

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## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: A Total Managment Company of
2. The principal place of business and mailing address of the corporation is: 568 - 9th Street South # 204 Naples Fla 34102
3. The corporation shall have the authority to issue shares of stock.
4. The registered agent of the corporation is <u>Leanne</u> Halwha and the registered street address is 9th Street South # 204 Noples.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Leanne Halucha and Richard Cacigrana 568 9th 5 treet South #204 97th Ave # 571
Naples FT 34102 Naples FT 34105
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is <u>Learne Haluchou</u> whose street address is 9th Street South # 204 Nagles Fla 34/02
Dated 5 03 00
Incorporator
Harring have named as registered agent and to accept service of process for the above stated

Having been named as registered agent and to accept service of procorporation 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 am familiar with and accept the obligations of my position as registered agent.

Dated <u>රැයේග</u> Sparene Halaha Registered Agent