

P00000066995

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

SUBJECT: CMF FINANCIAL SERVICES CORP.
(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: Carlos M. Fernandez
Name (Printed or typed)

1320 So. Dixie Highway, Suite 750
Address

Coral Gables, Florida 33146
City, State & Zip

(305) 661-1040
Daytime Telephone number

100003318721--1
-07/10/00--01135--009
*****78.75 *****78.75

FILED
00 JUL 10 AM 9:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

T BROWN JUL 13 2000

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:

CMF FINANCIAL SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

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

1320 So. Dixie Highway, Suite 750
Coral Gables, Florida 33146

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

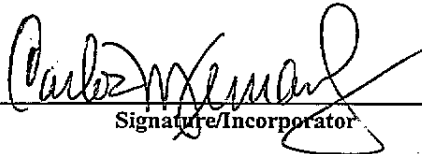
The name and Florida street address of the initial registered agent are:

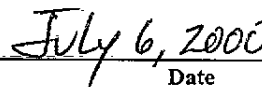
Carlos M. Fernandez
1320 So. Dixie Highway, Suite 750
Coral Gables, Florida 33146

ARTICLE V INCORPORATOR

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


Carlos M. Fernandez
1320 So. Dixie Highway, Suite 750
Coral Gables, Florida 33146

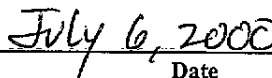

Signature/Incorporator


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


Date

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00 JUL 10 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA