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TRANSMITTAL LETTER

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

000003321090---7

-07/12/00--01058--008
*****70.00 *****70.00

SUBJECT:

eCRM Associates, 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

CHARLES C. CAREY

Name (Printed or typed)

20062 Gulf Boulevard

Address

INDIAN SHORES, FLORIDA 33785

City, State & Zip

727-596-7880

Daytime Telephone number

FILED
00 JUL 12 AM 8:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

7.0000 JUL 17 2000

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

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:

eCEM Associates, INC

ARTICLE II PRINCIPAL OFFICE

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

*20062 Gulf Boulevard
INDIAN SHORES, FL 33785*

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*CHARLES C. CAREY
20062 Gulf Boulevard
INDIAN SHORES, FL 33785*

ARTICLE V INCORPORATOR

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

*CHARLES C. CAREY
20062 Gulf Boulevard
INDIAN SHORES, Florida 33785*

Charles C. Carey

Signature/Incorporator

7/10/2000

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.

Charles C. Carey

Signature/Registered Agent

7/10/2000

Date

FILED
00 JUL 12 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA