

# P00000073049

## TRANSMITTAL LETTER

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

00 JUL 28 PM 2:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

SUBJECT: CMG SOLUTIONS, 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: Catherine M. Chambers  
Name (Printed or typed)

800 First Street  
Address

Merritt Island, Florida 32953  
City, State & Zip

321-455-9358  
Daytime Telephone number

200003339242--2  
-07/28/00--01049--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

8-1  
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

CMG SOLUTIONS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

800 First Street  
Merritt Island, Florida 32953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

### ARTICLE IV SHARES

The number of shares of stock is:

5000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Catherine M. Chambers  
800 First Street  
Merritt Island, Florida 32953

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

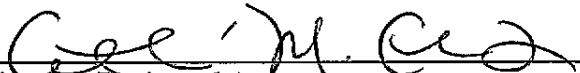
Catherine M. Chambers  
800 First Street  
Merritt Island, Florida 32953

### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Catherine M. Chambers  
800 First Street  
Merritt Island, Florida 32953

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

07-26-00  
Date

  
\_\_\_\_\_  
Signature/Incorporator

07-26-00  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA