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TRANSMITTAL LETTER

FILED
00 JUL 31 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400003341334--1
-08/01/00--01006--017
*****78.75 *****78.75

SUBJECT: CMB Management 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: Timothy Cunningham
Name (Printed or typed)

790 16th Av South
Address

St. Petersburg, FL 33701
City, State & Zip

727-894-0059 or 727-460-6827
Daytime Telephone number

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

D. BROWN AUG - 3 2000

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CMB Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 790 16th AV South
St. Petersburg, FL 33701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Obtain and manage rental
Properties and other related
Functions.

ARTICLE IV SHARES

The number of shares of stock is:
100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Pres. dent: Timothy Cunningham 790 16th AV South
St. Pete FL 33701
Treasurer: Earnestine Cunningham 1301 54th AV South
St. Pete FL 33705

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:
Timothy Cunningham 790 16th AV South
St. Pete, FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: Timothy Cunningham
790 16th AV South
St. Pete, FL 33701

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]
Signature/Registered Agent

7/27/00
Date

[Signature]
Signature/Incorporator

7/27/00
Date