POOCETE EFTER 6123

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

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SUBJECT:	Your CRM Source Inc. (Proposed corporate name - must include suffix)							
Enclosed is	an origin	al and one(1) copy of the articl	es of incorporation and a	check for:	•		-	
	570.00 ng Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
	FROM	: CFI	rinted or typed)					
6208 Bon Terra Drive Address					•	-		
Austin, Texas 78731 City, State & Zip					SECR	00 AUG		nn Lean L
	512-419-0143 Daytime Telephone number					JG -7 A	CONTRACTOR S	Manage - Ve

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

DATE: 07/18/2000 TIME: 4:33:16 PM



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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Your CRM Source Inc.

ARTICLE II PRINCIPAL OFFICE

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

5567 NW 124 Ave, Coral Springs, FL 33076

ARTICLE III SHARES

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

One Thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Angela Woods, 5567 NW 124 Ave, Coral Springs, FL 33076

ARTICLE V INCORPORATOR

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

CFI, 6208 Bon Terra Dr., Austin, Texas 78731

(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