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Florida Department of State
Division of Corporations
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Kathrine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

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FLORIDA PROFIT CORPORATION OR P.A.

C 3 Group, Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION
OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:
C 3 Group, Inc.

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

P.O. Box 267996
Weston, FL 33326

INTEGRATED MANAGEMENT GROUP, INC.
9690 W. Sample Road SUITE 202
CORAL SPRINGS, FL 33065
(954) 753-2222

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Chris Creutz
8875 Hawthorne Avenue
Surfside, Fl 33154

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Chris Creutz
8875 Hawthorne Avenue
Surfside, Fl 33154

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The undersigned has executed these Articles of
Incorporation. This 6th day of October.

Signature: _____

Date: _____

10/05/00

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida
Statutes, the Undersigned Corporation, under the Laws of the
State of Florida submits to the following statement
designating the registered agent in the State of Florida.

1. The name of the corporation is:
C 3 Group, Inc.

2. The name and address of the registered agent
Chris Creutz
8875 Hawthorne Avenue
Surfside, Fl 33154

Signature: _____

Date: _____

10/05/00

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: OCIDate: 10/05/00

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