

TRANSMITTAL LETTER

P00000102362

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

SUBJECT:

CMT CONSULTANTS INC.

(Proposed corporate name - must include suffix)

500003443775--1
-10/30/00--01111--004
****122.50 ****78.75

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:

CMT CONSULTANTS INC.

Name (Printed or typed)

11359 MEADOWLAKE CIRCLE

Address

BOYNTON BEACH FL 33436

City, State / Zip

561. 832. 6850 EXT 233

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 30 AM 7:35

FILED

F. CHESLER NOV 1 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:

CMT CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

11359 MEADOWLARK CIRCLE
BOYNTON BEACH FL 33436

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHARLOTTE M. TALLEL
11359 MEADOWLARK CIRCLE
BOYNTON BEACH FL 33436

ARTICLE V INCORPORATOR

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

CHARLOTTE M. TALLEL
11359 MEADOWLARK CIRCLE
BOYNTON BEACH FL 33436

x Charlotte M. Tallel
Signature/Incorporator

Oct 25 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

x Charlotte M. Tallel
Signature/Registered Agent

Oct 25 2000
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 30 AM 7:35

FILED