P00000116555

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327		303489763 -12/07/0001009006 ****131.25 *****87.50
Tallahassee, FL 32314 SUBJECT: RAGE	MANAGEMENT CO. posed corporate name - must include suffix)	FILED DO DEC 18 AM 7: 21 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA
for: \$70.00 [\$78.75 \$122.50 \$\frac{x}{x}\$131. Filing Fee & Filing Fee & Certificate & Certified Copy & Certificate	25 e, opy
FROM:	Name (printed or typed) 3360 NW 14th Place	
	Address FORT LAUDERDALE, FLORIDA 33311 City, State & Zip 954- 735-3621	
ار المراجعة	Daytime Telephone number	

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

DEC 2 2 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 12, 2000

ALFREDA ECHOLS 3360 N W 14TH PLACE FORT LAUDERDALE, FL 33311

SUBJECT: RESOLUTIONS MANAGEMENT COMPANY

Ref. Number: W00000029120

We have received your document for RESOLUTIONS MANAGEMENT COMPANY and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 600A00062608

ARTICLES OF INCORPORATION

· The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incerporation.

ARTICLE I NAME

The name of the corporation shall be:

MANAGEMENT COMPANY

PRINCIPAL OFFICE ARTICLE II

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

3360 NW 14th Place Fort Lauderdale Florida 33311

SHARES **ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

ALFREDA ECHOLES ass 3360 NW 14th Place Fort Lauderdale, Florida 33311

ARTICLE'V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALFREDA ECHOLES 23360 NW 14 Place Fort Lauderdale Florida 33311

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of DECEMBER XXXX 2000

Charles of Incorporation this

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of	of the corporation is:	RayJ	MANAGEMENT	COMPAN	Ÿ
2. The name a	and address of the register		e is:	OO DEC 18 SECRETARY TALLAHASSE	
	3360 NW 14th PJ	(Name)		OF STATE E, FLORIDA	
- -	FORT LAUDERDALI	DX <u>not</u> acceptable) E, FLORIDA, 33 ty/State/Zip)	311	Au X	

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.

affeda Espela (Date)