TRANSMITTAL LETTER

7/008452/

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

SUBJ	ECT:	PROPOSED CORPOR	CICVCL & C	DE SUFFEX)	<u> </u>
					0456 079003 *****87.50_
Enclo	sed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	.
	□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	E2 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
1/2	FROM:	Lovri Sha	e (Printed or typed)	~ <u>~</u>	
V\ '\ !	-	6357 106	J. 120 th Dvi Address	<u>ve</u>	
Ó		Coval Sprin	38 HovidA y; State & Zip	33076	>
		954-30 Daytime	5-0158 Telephone number	ECKETARY OF LLAHASSEF F	Comments of the second
				STATE LORIDA	

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

T. Burch MUG 2:7 2001



Secretary of State

August 9, 2001

LORRIE SHEFFIELD-RIOUX 6357 NW 120TH DRIVE CORAL SPRINGS, FL 33076

SUBJECT: CORPORATE CONCIERGE & MARKETING INC.

Ref. Number: W01000018474

We have received your document for CORPORATE CONCIERGE & MARKETING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please complete Article(s) VI & VII.

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) 245-6928.

Letter Number: 701A00045904

Tim Burch
Document Specialist
New Filing Section

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)					
ARTICLE I NAME The name of the corporation shall be: Cov portile Concierse & merietany Tinc.					
ARTICLE II PRINCIPAL OFFICE 6357 NW 120th Drive The principal place of business/mailing address is: Coval Springs, Florida 3307					
ARTICLE III PURPOSE					
The purpose for which the corporation is organized is: Professional Corporation					
ARTICLE IV SHARES The number of shares of stock is:					
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)					
The name(s), address(es) and title(s): Low Shetceld- Region Cyesident					
Rendy Rioux Chief Financial Officer 6357 NW 120 th Drivel Corel Springs, Florida 33076 ARTICLE VI REGISTERED AGENT					
The name and Florida street address of the registered agent is: Lovi Shelfield - Richard - Richa					
Corcl Springs, Flynida					
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 6357 NW (20th Drive Corcl Springs, Florida 33076)					

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity					
Signature/Registered Agent O 8/22/01 Date					
Signature/Incorporator Date					

ARTICLES OF INCORPORATION