

P02000043447

TRANSMITTAL LETTER

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

SUBJECT: CONSOLIDATION MANAGEMENT AUTHORITY, INC.

I enclose an original and one copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

SIGNED: Charles Boyd

From:

CHARLES H. BOYD

Name

8440 PRESTWICK PLACE

Address

NEW PORT RICHEY, FL 34655

City

727 - 376-5111

State

Zip

Telephone Number

700005271927--8

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*****78.75 *****78.75

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02 APR 15 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

CONSOLIDATION MANAGEMENT AUTHORITY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CONSOLIDATION MANAGEMENT AUTHORITY, INC.

ARTICLE II PRINCIPAL OFFICE

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

8440 PRESTWICK PLACE

NEW PORT RICHEY, FLORIDA 34655

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CHARLES H. BOYD

8440 PRESTWICK PLACE

NEW PORT RICHEY, FLORIDA 34655

ARTICLE V INCORPORATOR

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

CHARLES H. BOYD

8440 PRESTWICK PLACE

NEW PORT RICHEY, FLORIDA 34655

The undersigned has executed these Articles of Incorporation this 12 day of ~~March~~ 2002.

April

Charles Boyd

Charles H. Boyd, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 the corporation is:

CONSOLIDATION MANAGEMENT AUTHORITY, INC.

2. The name and address of the registered agent and office is:

CHARLES H. BOYD
8440 PRESTWICK PLACE
NEW PORT RICHEY, FLORIDA 34655

Signature: _____

Charles Boyd

Title: PRESIDENT

Date: ~~MARCH~~ ^{8th} 12, 2002
April

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: _____

Charles Boyd

Date: ~~MARCH~~ ^{CB} 12, 2002
April