P83800190910

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:	ı			
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PRILLI STORE JARY OF STATE DIVELTED OF CORPORATIONS



TRANSMITTAL LETTER

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

SUBJECT:	THE PROPOSED CORPORAL	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Sharror) (O)A(C)	
	6229 1	Helico Nif	+ Rdc
	DELRAY.	BEACH. F	C 33484
	561-3 Daytime T	69 - 400 elephone number	3

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 4, 2003

SHARRON L. WARD 6229 HELICONIA RD. DELRAY BCH, FL 33484

SUBJECT: THE CORPORATE GROUP, INC.

Ref. Number: W03000025251

We have received your document for THE CORPORATE GROUP, 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 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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 203A00049370

03 SEP 15 PM 12: 13

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CORPORTATE GROUP 5.
Signature CORPORATE Group. Onc
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 500 N. E. Spavish River E. Swife # 28A
Day Dix 17 77631
The purpose for which the corporation is organized is:
The purpose for which the corporation is organized is: THE CORPORATION MAY TRANSACT ANY AND All LAWFUL DUSINESS FOR WINDER COR MAY be INDEPENTED UNDER YEE FLORIDA GENERA BEP. I ARTICLE IV SHARES
may he was not the Unexac pusives for which con
my be independed under the HORIOA GENERA ORP.
The number of shares of stock is: 100 @ \$100 per share
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): SHARRAD WARD,
500 N.E. SPAVISH River Block
List name(s), address(es) and specific title(s): SHARRAN (NARA), 500 N.E. SPANISH RIVER Block BOCH RATON, FL 3343/
pa-1, 12,100, 1 C 0 1 1
The name and Florida street address of the registered agent is: SHARROW WHO Rel Delray BEACH. FL 339
The haine and Protida street address of the registered agent is.
GOOT HEIGHT 220
Dellag Leads of 554
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
6529 HELI CONIA OLD.
DOLANG BEACH FI 33484
Carry Rate 11 C 5 57 07
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
(c) a junicia, i um junicia wan una uccept the appointment as registered ugent una ugree to uct as this capacity
Shown 6 llard 8-14-03
Signature/Registered Agent Date
C//1/201
<u> </u>
Signature/Incorporator Date