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Derter T. Martin (Requestor's Name)				
(requestors rearrie)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

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

SUBJECT: Ci	ımmings, Martin, a		
	(PROPOSED CORPORA	ATE NAME – MUST INCLUD	E SUFFIX)
Enclosed is an origin	nal and one(1) copy of the a	rticles 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 PY REQUIRED
		FROM:	
	Dexter T. Martin		
	Nan	ne (Printed or typed)	
	6738	Donerail Trail	
		Address	
	Talla	Tallahassee, Fla 3∠309	
		City, State & Zip	·
	(8)	(850)894-11∠7	
	Dayti	me Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Cummings, Martin, and Associates, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6738 Donerail Trail Tallahassee, Fla 32309 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Marketing, and Consulting ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Dexter T. Martin and Carmen Cummings Martin 6738 Donerail Trail Tallahassee, Fla 32309 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Donerail Trail-TAUAHASSee, Ha 30309 INCORPORATOR The name and address of the Incorporator is: R-Tallahorse, Ha 36309 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

ARTICLES OF INCORPORATION

Signature/Incorporator