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TRANSMITTAL LETTER

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

SUBJECT:	CMTS INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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:	Steven J. Davis	(Printed or typed)		-	
	9132 Cypress Green Drive	•			
	Address Jacksonville, FL 32256			O3 DEC	SECRET
	City, State & Zip			9	75. 75. 75. 75. 75. 75. 75. 75. 75. 75.
	(904) 739-9804 Daytime T	elephone number		AM 9: 09	FINATION OF STATE
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NOTE: Please provide the original and one copy of the articles.

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: CMTS inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9132 Cypress Green Drive Jacksonville, FL 32256 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Any Lawful Business ARTICLE IV SHARES The number of shares of stock is: 49,999 ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Steven J. Davis 9132 Cypress Green Drive Jacksonville, FL 32256 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: Steven J. Davis 9132 Cypress Green Drive Jacksonville, FL 32256 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