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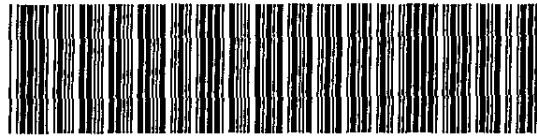
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 JAN 26 P 5:36

FILED

(SAMPLE LETTER OF TRANSMITTAL)

DATE January 20, 2004

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

Re: CMFI, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.



Dean T. O'Brien  
(Individual's Name)

CMFI, Inc.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
16110 Bonnie Brae Court		
Spring Hill, FL 34610-2833		
PHONE		
(727 )	856-7002	
Area Code	Number	Ext.

**ARTICLES OF INCORPORATION**

of

**CMFI, Inc.**

(name of corporation)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

**CMFI, Inc.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

**Seven Thousand Five Hundred (7,500)**

The corporation is authorized to issue \_\_\_\_\_ shares of common stock, par value \$ **1.00** per share.

**ARTICLE V - INITIAL PRINCIPAL OFFICE**

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<b>16110 Bonnie Brae Court</b>		
CITY	<b>Spring Hill</b>	FLORIDA	ZIP <b>34610-2833</b>
Mailing address, if different			
STREET ADDRESS	<b>Same as above</b>		
CITY		FLORIDA	ZIP

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<b>Dean T. O'Brien</b>		
ADDRESS	<b>16110 Bonnie Brae Court</b>		
CITY	<b>Spring Hill</b>	FLORIDA	ZIP <b>34610-2833</b>

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have One (1) director~~s~~ initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name~~s~~ and address~~s~~ of the initial director~~s~~ of the corporation <sup>is</sup> ~~are~~ as follows:

NAME	Dean T. O'Brien		
ADDRESS	16110 Bonnie Brae Court		
CITY	STATE	ZIP	
Spring Hill	Florida	34610-2833	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

**ARTICLE VIII - INCORPORATORS**

The name~~s~~ and address~~s~~ of the incorporator~~s~~ signing these Articles of Incorporation <sup>is</sup> ~~are~~ as follows:

NAME	Dean T. O'Brien		
ADDRESS	16110 Bonnie Brae Court		
CITY	STATE	ZIP	
Spring Hill	Florida	34610-2833	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 20th day of January, ~~19~~ 2004.

✓ Dean O'Brien (Signature)  
Dean T. O'Brien

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

CMFI, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 16110 Bonnie Brae Court

Spring Hill, FL 34610-2833

has named Dean T. O'Brien

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

Dean T. O'Brien

January 20, 2004

(Date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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