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2004 JAN 28 P 5: 09 SECRETARY OF STATE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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February 3, 2004

CAPITAL CONNECTION, INC.

SUBJECT: CONSTRUCTION MANAGEMENT ASSOCIATES, INC.

Ref. Number: W04000004553

We have received your document for CONSTRUCTION MANAGEMENT ASSOCIATES, INC. and your check(s) totaling \$70.00. 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) 245-6933.

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# ARTICLES OF INCORPORATION

2004 JAN 28 P 5: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**OF** 

# Construction Management Associates of the Keys, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is Construction Management Associates of the Keys, Inc.

The purpose of this corporation is general construction contracting pursuant to Chapter 489

Florida Statutes and any other applicable or subsequently enacted law or regulations, and/or any other lawful purpose.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 430928, Big Pine Key, FL 33043-0928.

# ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Robert E. Reece, 3688 Treasure Island Street, Big Pine Key, FL 33043.

### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

### ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President/ Director: Robert E. Reece; Secretary/ Treasurer/ Director: Judy Reece, P.O. Box 432123, Big Pine Key, FL 33043; Vice-President: William Brickering, P.O. Box 2324, Key West, FL 33045.

#### ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 28th day of January 2004. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

Hacey Leggett

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:
	Construction Management Associates of the Keys, Inc.
2.	The name and street address of the registered agent and office is:
	ROBERT E. REECE
3	688 Treasure Island St., Big Pine Key, FL 33043

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.

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