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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECREDARY OF SALE

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TRANSMITTAL LETTER

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

| SUBJECT: YORK | CAPITAL GROUP MANAGEMEN | IT, INC | |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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: PA | UL VINCENT GUGLIELMI | | |
| | Name | (Printed or typed) | |
| | 14836 ENCLAVE PRESERVE C | HRCLE Address | |
| ! | DELRAY BEACH, FLORIDA 334 City | .84 , State & Zip | |
| | 561-498-5939 | | |
| • | Daytime ' | Telephone number | ······································ |

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALL AHASSEE, FLORIDA

YORK CAPITAL GROUP MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14000 MILITARY TRAIL SUITE 206A DELRAY BEACH, FLORIDA 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

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 (P.O. Box NOT acceptable) of the registered agent is:

PAUL VINCENT GUGLIELMI 14836 ENCLAVE PRESERVE CIRCLE DELRAY BEACH, FLORIDA 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL VINCENT GUGLIELMI 14836 ENCLAVE PRESERVE CIRCLE DELRAY BEACH, FLORIDA 33484

| DELICAT DESCRIPTION SOFTOT | |
|--|---------------------------------------|
| **************** | ********** |
| Having been named as registered agent to accept service of process for the | |
| certificate, I am familjar with and accept the appointment as registered age | ent and agree to act in this capacity |
| Jack Vy y | 01/06/2005 |
| Signature Registered Agent | Date |
| Welly C | 01/06/2005 |
| Signature/incorporator | Date |