

POS000020020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

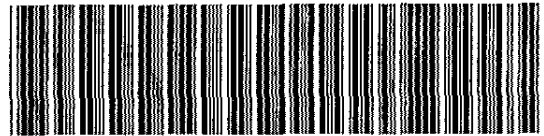
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2/12

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CMC CONSULTANTS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) The following Articles of Incorporation.

ARTICLE I – NAME

The name of the corporation shall be:

CMC CONSULTANTS, INC

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

**7924 WEST 34 LANE SUITE 201
HIALEAH GARDENS, FL 33018**

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at any one time is:

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Claudia P Estrada
7924 West 34th Lane Suite 201
Hialeah Gardens , FL 33018**

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ARTICLE V – INCORPORATOR

The name and adress of the incorporator to thse articles of Incorporation is:

Claudia P Estrada
7924 West 34th Lane Suite 201
Hialeah Gardens, FL 33018

The undersigned incorporator has executed these Articles of Incorporation this 15 Day of November 2004.

Signature _____


ARTICLE VI –DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these articles of Incorporation is (are):

Claudia P Estrada President
7924 west 34 Lane Suite # 201
Hialeah Gardens, Fl 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for
The above stated corporation at 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 provision of all statutes related to the
Proper and complete performance of my duties and I am familiar with and
Accept the obligations of my position as Registered Agent.


Registered Agent Signature

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