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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. WHITE FEB 22 2005

TRANSMITTAL LETTER

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

SUBJECT: Community Management Professionals West, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SUE CARPENTER
Name (Printed or typed)

5401 S. KIRKMAN RD #450
Address

ORLANDO FL 32819
City, State & Zip

407 903 9969 #105
Daytime Telephone number

OR 407 808 8025

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

ARTICLES OF INCORPORATION

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ARTICLE I - NAME

COMMUNITY MANAGEMENT PROFESSIONALS WEST, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II – PRINCIPAL OFFICE

5401 S. Kirkman Road
Suite 450
Orlando, FL 32819

ARTICLE III - PURPOSE

To provide management, accounting and other related services to community associations.

ARTICLE IV – SHARES

The number of shares of stock is 100

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Sue Carpenter, President
5401 S Kirkman Rd, Suite 450
Orlando, FL 32819

Michael J. Small, Vice President
5401 S Kirkman Rd, Suite 450
Orlando, FL 32819

ARTICLE VI – REGISTERED AGENT

Sue Carpenter
5401 S Kirkman Rd
Suite 450
Orlando, FL 32819

ARTICLE VII – INCORPORATOR


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Sue Carpenter
5401 S Kirkman Rd
Suite 450
Orlando, FL 32819

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 agreed to act in this capacity.


Signature/Registered Agent

2-11-05
Date


Signature/Incorporator

2-11-05
Date