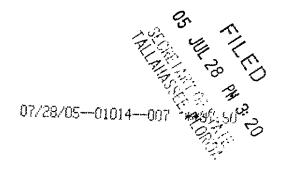
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TRANSMITTAL LETTER

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

SUBJECT:	Corporate Capital Management (PROPOSED CORPOR	gement incorporated	UDERUGEIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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:		Villiam Clinch (Printed or typed)	
-	6435 Nor	thwest 11th Avenue Address	
		, Florida 33150 , State & Zip	
-		05-345-0362 Telephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME

The name of the corporation shall be:

Corporate Capital Management Incorporated

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

6435 Northwest 11th Avenue Miami, Florida 33150

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

To engage in any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1500 (shares) Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William Clinch

6435 Northwest 11th Avenue / Miami, FL 33150/ CEO

Bethsheba Clinch 6435 Northwest 11th Avenue/ Miami, FL 33150/ CFO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

William Clinch 6435 Northwest 11th Avenue Miami, FL 33150

ADMINI D TITL TARYADDOOD ATTOD

ne name and address of the Incorporat		
illiam Clinch 6435 Northwest 11th Avenue	e Miami, FL 33150	
***********	********	*******
wing been named as registered agent to acceptificate, I am familiar with and accept the app		
		o act in this capacity
rificate, I am familiar with and accept the app	pointment as registered agent and agree to	o act in this capacity