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Florida Department of State
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FLORIDA PROFIT CORPORATION OR P.A.

cmf consultants, inc

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ARTICLES OF INCORPORATION
OF

CMF CONSULTANTS, INC

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

CMF CONSULTANTS, INC

ARTICLE II PRINCIPAL OFFICE

ARTICLE II

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

777 S FEDERAL HIGHWAY, D107
POMPANO BEACH, FL 33062

ARTICLE III CAPITAL STOCK

ARTICLE III

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

KIM ANDERSON
777 S FEDERAL HIGHWAY, D107
POMPANO BEACH, FL 33062

ARTICLE V INCORPORATOR(S)

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

KIM ANDERSON
777 S FEDERAL HIGHWAY, D107
POMPANO BEACH, FL 33062

The undersigned has this 5TH day of AUGUST, 2005.

[Signature]
SIGNATURE & TITLE

8/6/05
DATE

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned 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:
CMF CONSULTANTS, INC

2. The name and address of the registered agent is:

KIM ANDERSON
777 S FEDERAL HIGHWAY, D107
POMPANO BEACH, FL 33062

KIM ANDERSON

SIGNATURE

(corporate officer)

TITLE : PRESIDENT

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.

SIGNATURE

DATE

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