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06 FEB 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ABACUS Accounting & Tax Service, Inc.

P.O. Box 1239 • Ocala, Florida 34478-1239

Fax: (352) 867-7738

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(352) 867-5005
704 S.W. 3rd Avenue

Dunnellon Office
(352) 489-9056

February 13, 2006

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

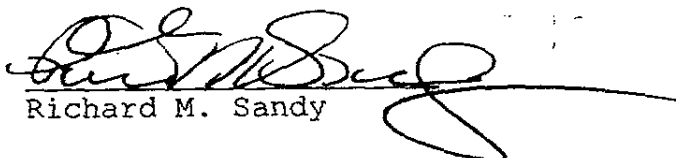
RE: CMT of Marion County, Inc.

Enclosed herewith are the Articles of Incorporation
together with a copy of said articles of CMT of Marion
County, Inc.

Our check in the amount of \$ 87.50 includes payment for the
following:

Filing Fees
Charter Tax
Registered Agent
Certified Copy

Respectfully submitted,



Richard M. Sandy

On behalf of CMT of Marion County, Inc.

CERTIFICATE OF INCORPORATION
Of
CMT of Marion County, Inc.

FILED
06 FEB 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:
CMT of Marion County, Inc.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR per share.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than One hundred (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

This initial street address of the principal office of the corporation shall be:

43 Bahia Trace Course
Ocala, FL 34472

ARTICLE VII

The number of Directors of this corporation shall be at least ONE (1) and no more than FIVE (5).

ARTICLE VIII

The name and addresses of the members of the first Board of Directors of this corporation are as follows:

Ulice T. Miller
43 Bahia Trace Course
Ocala, FL 34472

Charlene M. Miller 43 Bahia Trace Course
Ocala, FL 34472

ARTICLE IX

The names and addresses of the persons signing these Articles of Incorporation as subscribers is as follows:

Ulice T. Miller
43 Bahia Trace Course
Ocala, FL 34472

Charlene M. Miller 43 Bahia Trace Course
Ocala, FL 34472

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned Ulice T. Miller and Charlene M. Miller and being natural persons competent to contract, has hereunto set their hands and seal this 13th day of February, 2006.

Ulice T. Miller

Charlene M. Miller

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, appeared Ulice T. Miller and Charlene M. Miller to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed same freely and voluntarily for the purpose herein expressed.

WITNESS my hand and official seal this 13 day of February 2006.

Notary Public, State of Florida

My commission expires:

Mary E Waters

My Commission DD217127

Expires May 29, 2007

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **CMT of Marion County, Inc.**

WITH ITS PLACE OF BUSINESS AT **43 Bahia Trace Course**

HAS NAMED **Charlene M. Miller**

LOCATED AT **43 Bahia Trace Course**

CITY OF **Ocala**, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF
PROCESS WITHIN FLORIDA.

SIGNATURE



Ulice T. Miller

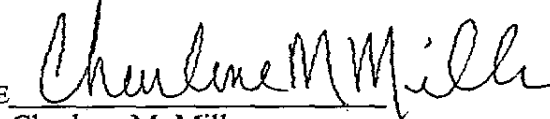
TITLE **President**

DATE

February 13, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I
ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



Charlene M. Miller

DATE

February 13, 2006

FILED
06 FEB 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA