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Florida Department of State
Division of Corporations
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(((H06000165586 3)))

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

CMSPANN INVESTMENTS INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
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Corporate Filing Menu

Help

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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:

CMSPANN INVESTMENTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 417028
LAKE MONROE, FL 32747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTOPHER M. SPANN (PRESIDENT/DIRECTOR)
901 SANTA BARBARA DR.
SANFORD, FL 32773

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHRISTOPHER M. SPANN
901 SANTA BARBARA DR.
SANFORD, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER M. SPANN
901 SANTA BARBARA DR.
SANFORD, FL 32773

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 agree to act in this capacity

Christopher M. Spann
Signature/Registered Agent

06/14/2008

Date

Christopher M. Spann
Signature/Incorporator

06/14/2008

Date

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