

May 17 00 02:43p

A1a Corporation

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

RECEIVED MAY 17 2010

From:

Account Name : CSH SERVICES, LLC
Account Number : I2C070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MEASURES PER MINUTE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 17 AM 10:09

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H10000118205 3

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:

MEASURES PER MINUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3813 SW DAISY STREET
PORT ST LUCIE, FLORIDA 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
KIM DOREEN BROWN
3813 SW DAISY STREET
PORT ST LUCIE, FLORIDA 34953

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000118205 3

May 17 00:02:44p

A1a Incorporation

APPROVED
AND
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#3056752811

p.3

10 MAY 17 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H10000118205 3

PAGE 2 MEASURES PER MINUTE, INC.

ARTICLE VI REGISTERED AGENT

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

KIM DOREEN BROWN
3813 SW DAISY STREET
PORT ST LUCIE, FLORIDA 34953

ARTICLE VII INCORPORATOR

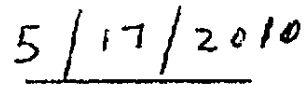
The name and Florida street address of the incorporator is:

KIM DOREEN BROWN
3813 SW DAISY STREET
PORT ST LUCIE, FLORIDA 34953

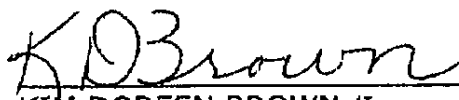
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



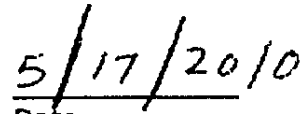
KIM DOREEN BROWN / Registered Agent



Date



KIM DOREEN BROWN / Incorporator



Date

H10000118205 3