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COVER LETTER

-						
Department of St	ate					
Division of Corp	orations					
P.O. Box 6327						
Fallahassee, FL	32314					
SUBJECT:						
Enclosed is an o	original and one (1) copy of the Articles of Domestication and a check:					
FEES:						
	eate of Domestication \$ 50.00					
	of Incorporation and Certified Copy § 78.75					
Total file	ing fee \$128.75					
OPTIONAL:	ate of Status \$ 8.75					
Сепинс	ate of Status \$ 8.75					
From:	From: CM National Onc					
	Name (printed or typed)					
	8100 Bryan Drang Rd # 200 Semmole FL 33777					
	City, State & Zip					
	3236322627					
•	Daytime Telephone Number					
	irenekrasniansky@mail.com					
_	F_mail address: (to be used for future annual report notification)					

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned,	Trene	Krammans	sky-	ê
	<u> </u>		<u>Клариам:</u> (Name)	J.	(Title)
of					, a foreign
corpoi	ration, in ac	cordance wit	h s. 607.11922, Flo	orida Sta	tutes, submit these Articles of
Dome:	stication.				
1.	Then name	e of the dom	esticating corporat	ion is _	CAI NATIONAL FAC
			_		(Foreign Corporation)
					<u> </u>
				. 0	A A100 1 7001
2.	The jurisdi	ction and da	te of its formation	is <u> </u>	A, NOV 16 2001
3	The name	of the dome	sticated corporatio	n is	CM National Inc
٥.	THE Hame	or the dome	sticated corporation		
			·		·
4.	The jurisdi	ction of form	nation of the dome	sticated	corporation is Florida
5.					ration and the domestication was
	approved in accordance with its organic law.				
6	Attached :	are Florida Ai	ticles of Incorpora	tion to (complete the domestication
υ.	Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.				
	·	·			
l certi	fy I am auth	orized to sig	n these Articles of	Domésti	cation on behalf of the corporation. I
				T	<u></u>
		•	(Aut	horized	Signature)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
CMNational In	<u>c</u>
ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRES	'S IS:
Principal Address 8160 Bry all Diany Rd	Mailing Address
±200	
Seminole FL 33777	·
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORG	SANIZED.
THE FOR ODE FOR WHICH THE COM CRITICAL IS SHO	
ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS: 1,000, 0	ao (one mulun)
ARTICLE VI REGISTERED AGENT	,
THE NAME AND FLORIDA STREET ADDRESS (P.O. BO	
Irene Kiasilansky	
919 10Th St N	
St Pete FL 33705	
HAVING BEEN NAMED AS REGISTERED AGENT AND ABOVE STATED CORPORATION AT THE PLACE DES WITH AND ACCEPT THE APPOINTMENT AS REGISTE CAPACITY.	IGNATED IN THIS CERTIFICATE, I AM FAMILIAR ERED AGENT AND AGREE TO ACT IN THIS
Signature Registered Agent	Date

ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Trene Krasniansmy Name: Address: <u>919 10th St N.</u> St Pete FL 33705 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 Required Signature/Registered Agent

6 MAY 34
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: Trene Krassumsum Name & Title: _____ 919 10th ST N. Address: Address: SI PETE FL 33765 Name & Title: ______ Name & Title: ______ Address: Address: Name & Title: ______ Name & Title: ______ Address: Address: Name & Title: Name & Title: _____ Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S. 6 1119 7 7-4 Date Signature/Authorized Person