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TRANSMITTAL LETTER

FILED

95 JAN -9 PM 2:04

SECRETARY OF STATE
TALLAHASSEE

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: CSM CORPORATION
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $ 122.50 .

FROM: DAVID L. SMITH
Name

P.O. BOX 677063
Address

ORLANDO, FL 32867
City, State, & Zip

(407) 277-6068
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

MH 1-10-95

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 28, 1994

DAVID SMITH
P.O. BOX 677063
ORLANDO, FL 32867

SUBJECT: CSM CORPORATION
Ref. Number: W94000027376

We have received your document for CSM CORPORATION and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Nancy Hendricks
Corporate Specialist

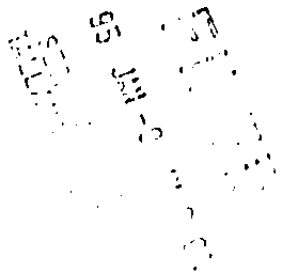
Letter Number: 094A00054521

ARTICLES OF INCORPORATION

OF

CSM BUSINESS DEVELOPERS CORPORATION

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 shall be:

CSM BUSINESS DEVELOPERS CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

8438 FT. CLINCH AVENUE ORLANDO, FL 32822	(MAILING ADDRESS)	P.O. BOX 677063 ORLANDO, FL 32867-7063

ARTICLE III CAPITAL STOCK

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DAVID L. SMITH
8438 FORT CLINCH AVENUE
ORLANDO, FL 32822

ARTICLE V INCORPORATOR(S)

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

DAVID L. SMITH / PRESIDENT & V.PRESIDENT
8438 FT. CLINCH AVENUE
ORLANDO, FL 32822

The undersigned has(have) executed these Articles of Incorporation this

12 day of DECEMBER, 19 94.

Signature/Title

Signature/Title

Signature/Title

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 tate 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: CSM BUSINESS DEVELOPERS CORPORATION

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

DAVID L. SMITH
(NAME)

8438 FT. CLINCH AVENUE
(P.O. BOX NOT ACCEPTABLE)

ORLANDO, FL 32822
(CITY/STATE/ZIP)

SIGNATURE _____
(corporate officer)

TITLE PRESIDENT

DATE DECEMBER 12, 1994

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 DECEMBER 12, 1994

REGISTERED AGENT FILING FEE: $35.00