# PASONO 3746 TRANSMITTAL LETTER

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

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SUBJECT: C. D. R. ASSOCIATES, TNC

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.7!\$ \$122.50 \$131.25

Filing Fee Filing Fee Filing Fee, Certified Copy & Certified Copy & Certificate

FROM: Chaistine DiRiemann

7512 DR Phillips BLVD.

SUITE 50
City, State & Zip

CRLANDO F1 32819 (407) 352-3767

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

OF

COR ASSOCIATES, INC

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:

C. D. R. ASSOCIATES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

ORLANDO, Fl. 32819

#### ARTICLE IIL SHARES

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

ONE HUNDRED (100) SHARES - NO PAR VALUE

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christine DiRIENZO 7512 DR. Phillips BLVD SUITE SO ORLANDO, F132819

#### ARTICLE V INCORPORATOR(S)

The	name(s) and	stroot	address(es)	of the	incorporator(a)	to these	Articles o	of Incorpora-
tior	ı İs(are):							

Christine Di Rienzo 1512 DR Phillips BLVD. Suite Sc El 32819 ORLANDO El 32819

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

244 day of MARCH. 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE 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: CDR. ASSOCIATES
2.	The name and address of the registered agent and office is:  T512 DR Phillips BlvD  (Name)  Soite 50  (P.O. Box not acceptable)  ORLANDO F 132819  (City/State/Zip)

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.

Christine D. Riemo