

P95000065550

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG 24 AM 11:08

File
151

8/24/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<i>AAL</i>	_____	_____

WALK-IN
 Will Pick Up *8:21 1200*

RE: C.Hmm, Inc.

	C.C. FEE.	DISBURSED
☒ Capital Express™	_____	_____
☒ Art. of Inc. File	_____	_____
☐ Corp. Record Search	_____	_____
☐ Ltd. Partnership File	_____	_____
☒ Foreign Corp. File	_____	_____
☐ () Cert. Copy(s)	_____	_____
☐ Art. of Amend. File	_____	_____
☐ Dissolution/Withdrawal	_____	_____
☐ C U S-	_____	_____
☐ Fictitious Name File	_____	_____
☐ Name Reservation	_____	_____
☐ Annual Report/Reinstatement	_____	_____
☐ Reg. Agent Service	_____	_____
☐ Document Filing	_____	_____
☐ Corporate Kit	_____	_____
☐ Vehicle Search	_____	_____
☐ Driving Record	_____	_____
☐ Document Retrieval	_____	_____
☐ UCC 1 or 3 File	_____	_____
☐ UCC 11 Search	_____	_____
☐ UCC 11 Retrieval	_____	_____
☐ File No.'s, _____ Copies	_____	_____
☐ Courier Service	_____	_____
☐ Shipping/Handling	_____	_____
☐ Phone ()	_____	_____
☐ Top Priority	_____	_____
☐ Express Mail Prep.	_____	_____
☐ FAX () pgs.	_____	_____
SUBTOTALS	_____	_____

400001568294
 -08/24/95-01041-004
 ***122.50 ***122.50

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: CHMM, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Ron Melone
Name (printed or typed)
14634 Musket Fire Lane
Address
Orlando, Florida 32837
City, State & Zip
(407) 856-8336
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 AUG 24 AM 11:08

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:

CHMM, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3115 East Vina Del Mar Blvd.

St. Pete Beach, Florida 33706

ARTICLE III SHARES

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nicholas Castronuovo

3115 East Vina Del Mar Blvd.

St. Pete Beach, Florida 33706

ARTICLE V INCORPORATOR(S)

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

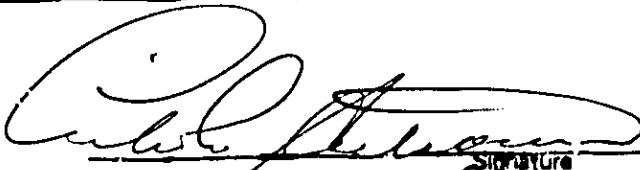
Nicholas Castronuovo
3115 East Vina Del Mar Blvd.
St. Pete Beach, Florida 33706

Ron Melone
14634 Musket Fire Lane
Orlando, Florida 32837

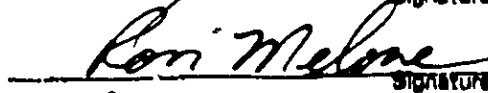
Nicholas Melone
14634 Musket Fire Lane
Orlando, Florida 32837

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

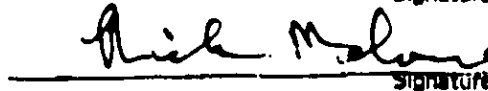
15 day of August, 19 95.



Signature



Signature



Signature

Articles of Incorporation
Filing Fee - \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG 24 AM 11:03

**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: CHMM, Inc.

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

Nicholas Castronuovo

(Name)

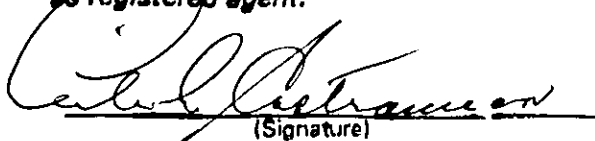
3115 East Vina Del Mar Blvd.

(P.O. Box not acceptable)

St. Pete Beach, Florida 33706

(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.


(Signature)

August 15, 1995

(Date)