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

7:00:00:14:575073 -08/31/95--0007--006 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	CMW	ENTERPRISES	IMC.
	(Proposed corne	rate name - must include suffix)	

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

\$70.00

Filing Fee

\$78.75 Filing Fee & Certificate \$122.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM:

CRAIG- M.

22461 SWURDFISH Address

407-487-4199

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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:

CMW ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

DULA RATUM, FL 33428

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CRAIG M WALLACE 22461 SWORDFISH DR. BUCA RATUN, FL. 33428

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

CRAIG M WALLACE

23461 SWORDFISH DR.

BOCA RATON, FL 33428

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

Aucust 19 95

Aug Maig Mighature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STRUTES, 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:	E LA
	C.M.W ENTERPRISES, INC

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

CICALG M. WALLACE
(NAME)

22461 SINDRISH DIC
(P.O Box of Mail Drop Box NOT ACCEPTABLE)

BULA RATOM FL 33428
(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) (DATE) 8/26/95