## P96000012037

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

> 900001706309 -02/05/96--01063--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: <u>CAPITOL CONSULTING & MANAGEMENT GROUP, INC.</u>
(Proposed corporate name - must include suffix)

Enclosed is an originator:  \$70.00 Filing Foe	al and one (1) co  \$78.75  Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a che	ick	
FROM:		printed or typed)				
		SUITE 306 Address				
	NORTH PALM	BEACH, FL 33408		·-·I .	_	
	City, State & Zip			<u> </u>	os FEB	-37
		2 - 0077 elephone number		ASSEE I	-5 ==	TALES
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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

96 FEB -5 AM 8: 47

SECRETARY OF STATE TALL ATTASSEF FLORIDA

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.

> ARTICLEI NAME

The name of the corporation shall be:

CAPITOL CONSULTING & MANAGEMENT GROUP, INC.

**ARTICLE II** PRINCIPAL OFFICE

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

760 US HWY 1, SUITE 306 NORTH PALM BEACH, FL 33408

**ARTICLE III** SHARES

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

100

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

> CHRISTINA L. GULBRONSON 1115 LAKE SHORE DRIVE #205 LAKEPARK, FL 33403

## 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):

CHRISTINA L. GULBRONSON 760 US HWY 1, SUITE 306 NORTH PALM BEACH, FL 33408

designation of officers.

PRESIDENT/SECRETARY

The under	signed incorporator(s) has(have) executed these Articles of Incorporation this
_30TH	day of
	Ansfera Lyllroson Signature
	Signature
•	Signature
	9-ment
	Signature

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

2. The name and address of the registered agent and office is:	
	<del></del>
CHRISTINA L. GULBRONSON (NAME)	Ţ
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	<b>39</b>
LAKEPARK, FL 33403 (CITY/STATE/ZIP)  CARPORE STATE STA	

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.

Atrafona Halbroson 1/55/96 (SIGNATURE) (DATE)