

P96000033389

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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Control Management
Systems Corp.

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

500001784035
 -04/17/96--01060--011
 *****78.75 *****78.75

RECEIVED
 TALLAHASSEE, FLORIDA
 APR 17 PM 12:57

FILED

PH
 4/17/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>nc</u>	_____	_____	_____

WALK-IN Will Pick Up 4/17 2:00

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

RECEIVED
 APR 17 AM 11:40
 DIVISION OF CORPORATION

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, Florida 32314

SUBJECT: Control Management Systems Corp.

Enclosed an original and one (1) copy of the Articles of Incorporation for the above corporation
and a check in the amount of:

<input type="checkbox"/> / \$70.00	<input checked="" type="checkbox"/> / \$78.75	<input type="checkbox"/> / \$122.50	<input type="checkbox"/> / \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee & Certified Copy & Certificate

FROM:

Nickolas C. Ekonomides
Ekonomides & Associates
Attorneys and Counselors At Law
201 N. Franklin Street, Suite 2350
Tampa, Florida 33602
(813) 228-9508

ARTICLES OF INCORPORATION
OF
Control Management Systems Corp.

FILED
96 APR 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Control Management Systems Corp.

ARTICLE II PRINCIPAL OFFICE

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

30 Greenhaven Court
Oldsmar, FL 34677

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **1000** all common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

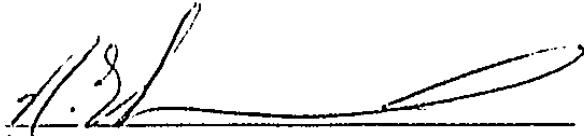
Nickolas C. Ekonomides
Ekonomides & Associates
Attorneys and Counselors At Law
201 N. Franklin Street, Suite 2350
Tampa, Florida 33602

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Nickolas C. Ekonomides
Ekonomides & Associates
Attorneys and Counselors At Law
201 N. Franklin Street, Suite 2350
Tampa, Florida 33602

The undersigned incorporator has executed these Articles of Incorporation this 16th day of April 1996.



Incorporator

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED
96 APR 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

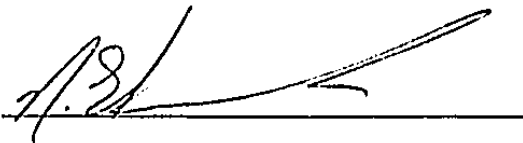
Control Management Systems Corp.

2. The name and address of the registered agent and office is (P.O. Box not acceptable):

Nickolas C. Ekonomides
Ekonomides & Associates
Attorneys and Counselors At Law
201 N. Franklin Street, Suite 2350
Tampa, Florida 33602

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: _____

April 16/96

P96000033389

NOTICE OF CHANGE OF ADDRESS OF
PRINCIPLE OFFICE AND PLACE OF BUSINESS

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

Pursuant to the provisions of the Florida Business Corporation Act, please be notified that the address of the principal office and place of business has changed as outlined below.

1. The name of the corporation is:

Control Management Systems Corp.

2. The document number of this corporation is:

P96000033389

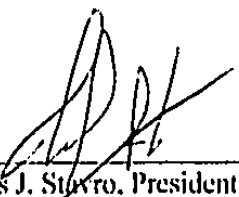
3. The old address of the of the principal office and place of business was:

30 Greenhaven Court
Oldsmar, Florida 34677

4. The new address of the of the principal office and place of business is:

2701 Alternate 19, Suite 402
Palm Harbor, Florida 34683

Please note the change of address in number four (4) above in your records. Thank you.



Thomas J. Storro, President

5-31-96
Date

mtm
7-8-96