

Department of State Division of Corporations P. O. Box 6327 Tailahassee, FL 32314 70000196-4387 -07/05/96--01011--008 \*\*\*\*122.50 \*\*\*\*122.50 (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 \$78.75 **⋈** \$122.50 \$131.25 Filing Fee Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee, Certified Copy & Certificate C.M. J. ASSOCIATES FROM: MAKTIN DOWNS Address

City, State & Zip

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:

C.M.J. ASSOCIATES, INC.

95 JUL -3 PHIZ: 4 SECRETARY OF STA TALLAHASSEE, FLOR

#### ARTICLE II PRINCIPAL OFFICE

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

901 MAKTIN DOWN'S

PALM CITY, FLA. 34990

### ARTICLE III SHARES

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

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK CLARK

901 MARTH DOWN:

PARM CITY, FLA. 34990

#### ARTICLE V INCORPORATORIS)

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

CAMERINE R. BOWLER 202 Wheeler RD Hollis, N.H. 03049

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

29 day of June 19 76

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Signature

Signatura

Signature

# 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.

2. The name and address of the registered agent and office is:  CHUCK CLARK  (Name)  GOI MAKITAN DOWN:  (P.O. Box not acceptable)  PALM CITY FLA. 3499 D  (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  CALL CLARK  (Name)  FILED  FILED  ALLED  FILED  ALLED  FILED  ALLED  ALLED	1. The name of the corporation is: C. M. J. ASSOCIATES INC.
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(Date)

(Signature)