P960 FRAShift LEFT 609

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

900001929759 -08/22/96--01064--011 ****131.25

SUBJECT: Capital Management & Resource Group, Inc.
(Proposed corporate name - must include suffix)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Copy	kx \$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:	Carol Alle			
	Name	型 8 二		
	1004 N. W	96 AUG 22 SECLAHASS		
	OeLand, Fi Ci	AH 9: 20 EEF STATE		
	(904)-738-7353 Daytime Telephone number			DE O

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:

Capital Management & Resource Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1004 N. Woodland Blvd., Stc. 1 DeLand, FL 32720



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:

Carol M. Allen 1004 N. Woodland Blvd., Ste. 1 DeLand, FL 32720

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):

Carol M. Allen 1004 N. Woodland Blvd., Ste.1 DeLand, FL 32720 Ken Key

2041 W. Preirie Cr. Doltone, FL 3272

and M. Allen Corol M. Allen Signature

Signature P. Key

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 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:	Copital	Monogement	S Resour	ca Group, Inc.
2.	The name and address of the registere	ed agent and	office is:		. 9 5
Corol M		Allon (NAMI	E)		NIS 22
			Blvd., Ste		Service and the service and th
	DeLand, F	•			THE DATE OF THE PARTY OF THE PA

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) 8-19-96 (DATE)