

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

SUBJECT: CAPITAL MANAGE MENT, THE.
(Proposed corporate name - must include suffix)

000001957790 -09/26/96--01049--012 \*\*\*\*131,25 \*\*\*\*131,25

| Enclos<br>for :   | osed is an original and one (1) copy of the articles of incorporation and a c |                             |                                |                               |  |  |  |  |
|-------------------|---|-----------------------------|--------------------------------|-------------------------------|--|--|--|--|
|                   | <b>570.00</b>   | <b>\$78.75</b>              | <b>5</b> \$122.50              | <b>汉</b>  \$131.25            |  |  |  |  |
|                   | Filing Fee  | Filing Fee<br>& Certificate | Filing Fee<br>& Cartified Copy | Filing Fee,<br>Certified Copy |  |  |  |  |
|                   |   |                             | Additional Cop                 | & Certificate y Required      |  |  |  |  |
|                   | FROM:   | H.R.S.                      | HATKH 41                       | DMPANY                        |  |  |  |  |
|                   | Name (printed or typed)   |                             |                                |                               |  |  |  |  |
|                   |   | 2900                        | Wilcrest                       | #302                          |  |  |  |  |
| Address           |   |                             |                                |                               |  |  |  |  |
|                   |   | Housh                       | W, 7K. 7                       | 17042                         |  |  |  |  |
| City, State & Zip |   |                             |                                |                               |  |  |  |  |
|                   |   | (713)                       | 977-0488                       | 3                             |  |  |  |  |
|                   |   | Daytime                     | Telephone number               |                               |  |  |  |  |

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

## ARTICLES OF INCORPORATION

OF

## CAPITAL MANAGEMENT, INC.



#### ARTICLE I

The name of the Corporation is: CAPITAL MANAGEMENT, INC.

#### ARTICLE II

The period of its duration is perpetual.

#### ARTICLE III

The principal place of business is 7041 Grand National Drive, Suite #122, Orlando, Florida 32819.

The mailing address of the Corporation is 2900 Wilcrest, Suite # 302, Houston, Texas 77042.

## ARTICLE IV

The purpose or purposes for which it is organized are: To transact any or all lawful business or businesses for which Corporation may be incorporated under the Florida Business Corporation Act.

## ARTICLE V

The aggregate number of shares which the Corporation shall have authority to issue is Ten Thousand (10,000) shares of common stocks of \$.10 Par Value.

#### ARTICLE VI

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$1,000 consisting of money, labor done or property actually received.

## ARTICLE VII

The address of its registered office is 7041 Grand National Drive, Suite #122, Orlando, Florida 32819. The name of its registered agent at such address is Arif Rajan.

# ARTICLE VIII

The number of the initial directors is one and the name and address of such director is:

ARIF RAJAN

7041 GRAND NATIONAL DRIVE SUITE #122 ORLANDO, FLORIDA 32819

ARTICLE IX

The under signed incorporator has executed these Articles of Incorporation on this 27th day of August, 1996. The name and the address of the incorporator is:

ARIF RAJAN

7041 GRAND NATIONAL DRIVE SUITE #1/22 FLORIDA

32819

ARIF KAJAN

ORLANDO,

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 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:                  |                     |              |                                       |   |
|---|---------------------|--------------|---------------------------------------|---|
|   |                     |              |                                       |   |
| CAPITAL MANAGEMENT, INC.                            |                     |              |                                       |   |
| (must i   | nclude suffix)      |              | , , , , , , , , , , , , , , , , , , , |   |
|   |                     |              |                                       |   |
|   |                     | •            |                                       |   |
| 2. The name and address of the registered age       | ent and office      | is:          |                                       |   |
|   |                     |              |                                       |   |
|   |                     |              |                                       |   |
| ARIF RAJAN  |                     |              |                                       |   |
|   | NAME)               |              |                                       |   |
|   |                     |              | •                                     |   |
|   | NAL DRIVE           | SUITE        | 122                                   |   |
| (P.O. Box or Mail Dro                               | ob sox Unit w       | CEPIABLE)    |                                       |   |
|   |                     |              |                                       |   |
| <u>ORLANDO, FLORIDA</u><br>(CITY                    | 32819<br>State/Zip) | <u></u>      |                                       | * |
| •   |                     |              |                                       |   |
| Having been named as registered agent and           | to accent se        | rvice of pro | cess for the                          | above stated                            |
| corporation at the place designated in this certifi | cate. I hereby      | accept the   | appointment                           | as registered                           |
| agent and agree to act in this capacity. I further  | agree to con        | nply with th | provisions o                          | of all statutes                         |
| relating to the proper and complete performa        | ice of my duti      | es, and I an | n familiar wit                        | h and accept                            |
| the obligations of my position as registered ag     |                     |              |                                       |   |
| $\Lambda$   |                     |              |                                       |   |
|   |                     |              |                                       |   |
|   | No.                 |              |                                       |   |
| ( )   |                     |              |                                       |   |
| (SIGNATURE)   |                     |              | (DATE)                                |   |