P9800083257

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

SUBJECT: CMF1

Truss

500002603745.--2 -07/31/98--01024--007 ****131.25 ****131.25

	ginal and one (1) cop			TAS .C
Enclosed is an ori for : \$70.00 Filing Fee	\$78.75	sy of the articles of \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Celtified Copy & Certificate	SEP 25 PI SEP 25 PI SEP 25 PI
FR	ом: <u>См</u> F	Truss 1/NC,		PHIZ: 19 E. FLORIDA
	13521		DE LEON	1 BCVD
		Address VICO F ity, State & Zip	CL. 3460) /
	352-	796-S e Telephone number	805	

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

JN 9-25-98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 7, 1998

PATRICIA L. OWENS 13521 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601

SUBJECT: CMF INC.

Ref. Number: W98000017923

We have received your document for CMF INC. and your check(s) totaling \$131.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

John Nedeau Document Specialist

Letter Number: 498A00041249

ARTICLES OF INCORPORATION

OF TRUSS OMFINC

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.

Teuss

ARTICLE I NAME

The name of the corporation shall be:

CMFIINC.

98 SEP 25 PM 12: 19
SECRETARY OF STATE
TALLAHASSEE, FLORID.

ARTICLE II PRINCIPAL OFFICE

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

BEOOKSVILLE FL 3460/

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA L. DWENS 1352/ PONCE DE LEON BUD BROOKSVILLE FL 3460/

ARTICLE V INCORPORATOR(S)

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

PATRICIA L. OWENS 13521 PONCE DE LEON BLUD BEOOKSVILLE FL 34601

The undersigned incorporator(s) has(have) executed these Articles of Incorporation	ation this
29 TH day of JULY 1998.	
Patricial. Quess	-
Signature	
Signature	

Articles of Incorporation Filing Fee - \$35

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.

	TRUSS			
1.	The name of the corporation is: <u>CMP / / / / / / - </u>	.		
	The name of the corporation is: $\frac{CMFMINC}{}$		38 86	entirely
		E SE	[] 25	
2.	The name and address of the registered agent and office is:	HOH POY	PH 12:	
	PATRICIA L. OWENS	STATE	2: 19	V. Sand
	13521 PONCE DE LEON	BU	v Î)
	BEOOKSVILLE FC, 346	0/	-	
	(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 as registered agent.

Patricia of Owens