

TRANSMITTAL LETTER

P98000091831

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

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-10/28/98--01002--009
*****78.75 *****78.75

SUBJECT: Integrated Money Management Inc.
(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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Shirley Hays Phone 1-800-897-5435
(954) 351-3056 250

CAPITAL MANAGEMENT INTL LTD

4875 N FEDERAL HWY STE 200

FORT LAUDERDALE State FL ZIP 33308

For Internal Billing Reference Information

Daytime Telephone number

FILED
98 OCT 28 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTER OCT 28 1998

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

W98-24226

**ARTICLES OF INCORPORATION
OF
INTEGRATED MONEY MANAGEMENT INC.**

The undersigned, for the purpose of forming a Corporation under the laws of the State of Florida, do hereby adopt the following Articles of Incorporation.

ARTICLES I - NAME

The name of the Corporation is INTEGRATED MONEY MANAGEMENT INC.

ARTICLES II - TERM OF EXISTENCE

The duration of the Corporation is perpetual.

ARTICLES III - NATURE OF BUSINESS

The general purpose of which the Corporation is organized to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLES IV - INITIAL CAPITAL

The amount of initial capital with which this corporation shall begin business is Five Hundred (\$500.00) Dollars.

ARTICLES V - CAPITAL STOCK

The aggregated number of shares which the Corporation is authorized to issue is five hundred (500) shares of Common Stock, and shall have a par value of One Dollar (\$1.00) per share.

Authorized capital stock may be paid for in cash, services of property, at a just value to be fixed by the Board of Directors of this Corporation at any regular or special meeting.

ARTICLES VI - ADDRESS - AGENT

The street address of the initial registered office of the Corporation is 3140 NW 69TH ST FT LAUDERDALE FL 33309.

ARTICLES VII - DIRECTORS

The number of Directors constituting the initial Board of Directors of this Corporation is one. The name and address of the person who is to serve as the member of the initial Board of Directors are:

NAME
SHANNON HINES

ADDRESS
3140 NW 69TH ST
FT LAUDERDALE FL 33309

ARTICLES VIII - OFFICERS

SHANNON HINES, PRESIDENT,
VICE PRESIDENT, SECRETARY
TREASURER

3140 NW 69TH ST
FT LAUDERDALE FL 33309,

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ARTICLES IX - INCORPORATORS

SHANNON HINES

3140 NW 69TH ST
FT LAUDERDALE FL 33309

ARTICLES X - BUSINESS ADDRESS

The principal office of the Corporation shall be located at 3140 NW 69TH ST FT LAUDERDALE FL 33309, but the Corporation may maintain offices and transact business in such places within or without the State of Florida as may, from time to time, be designed by the Board of Directors.

ACKNOWLEDGEMENT OF RESIDENT AGENT

Having been named to accept service of process for the above stated Corporation, at placed designed in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of the said act relative to keeping open said office.

Shannon Hines
SHANNON HINES

IN WITNESS WHEREOF, I being all of the original subscribers and incorporators of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of State of Florida, and accordingly set my hand and seal this 27th day of OCTOBER 1998

STATE OF FLORIDA

COUNTY OF Broward

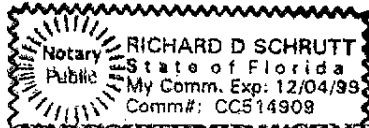
Shannon Hines

BEFORE ME, the undersigned authority in and for said County and State, personally appeared SHANNON HINES is personally known to me/or has produced _____ as identification, as subscriber and person described herein, and who executed the foregoing Articles of Incorporation, who acknowledged before me, that he did subscribe thereto and did so for the purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 27th day of OCTOBER, 1998.


NOTARY PUBLIC

My commission expires:



**CERTIFICATE OF REGISTERED AGENT OR REGISTERED OFFICE FOR
SERVICE OR PROCESS WITH THE STATE OF FLORIDA**

In compliance with Chapter 607-037, Florida Statutes, the following is submitted:

INTEGRATED MONEY MANAGEMENT INC; with its principal place of business at 3140 NW 69TH ST, FT LAUDERDALE FL 33309, has named SHANNON HINES, located at the above-named address as registered agent.

SIGNATURE Shannon Hines
SHANNON HINES

DATE 10/27/98

THIS DOCUMENT WAS PREPARED BY: Mark S. Solomon, Esquire
901 South Federal Highway, #300
Fort Lauderdale, Florida 33316
Telephone: (954) 463-6755

FLORIDA BAR #287296

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA