PASOOO99863

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

500002694445---9 -11/23/98--01138--017 ****122,50 ******78,75

SUBJECT:	Community	Matters ate name - must include sur		
	(Toposecas) por	Me imme mass messes ou		
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL COPY REQUIRED			
FROM: Leila Grac Piss & Same (Printed or typed)				
1500 Argyle Dr. SSR 23 III				
Ft. Laudendale, Fl 336/2 City, State & Zip				
954-522-4327 Daytime Telephone number				
	·	·	1/100	

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

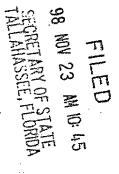
ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Community Matters Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1500 Ang yle Dr, Font. Laudendale, FL 333/2

ARTICLE III SHARES

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

10,000 Shares, \$.10 (ten cents) par value, common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Leila Gray, 1500 Arqyle Dr. Ft. Lauderdale, FL 33312

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leila Gray, 1500 Argyle Dr. Ft. Lauderdale, FL 33312

Signature/Incorporator

11 / 18 98 Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

////8/98 Date