P98000107427

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

SUBJECT:	CME INCORP	ORATED	ffix)	- , , ,			
		Ī	300002721 -12/24/98- *****78.80	18434 -01045021) *****70.00			
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM	Name (P) 633 SHILO R	AMONS rinted or typed) OPD Address	TALLAHAS	98 DEC 24			
	SARASOTA FL City,	34240 State & Zip	SSEE. FLORIDA	AMILES 59			
Jan la	Daytime T	elephone number					

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

ARTICLES OF INCORPORATION

FILED

98 DEC 24 AM II: 59

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A	RTI	CLE	1	NAME

The name of the corporation shall be:

CME INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

633 SHILO ROAD SARASOTA FL 34240

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHARLENE EMMONS
633 SHILD ROAD
SARASOTA FL 34240

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CHARLENE EMMONS 633 SHILD ROAD SARASOTA FL 3424C

Charline Emmans _
Signature/Incorporator

12/22/98 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

Charles Emmas 12 2/98
Signature/Registered Agent Date