

TRANSMITTAL LETTER

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

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-04/15/99--01050--015
*****78.75 *****78.75

P990000 35150

SUBJECT: Community Management & Maintenance, 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: RACHEL L. SHIRLEY
Name (Printed or typed)

3690 SECOND AVENUE
Address

Malabar Florida 32950
City, State & Zip

407-729-9550
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 15 PM 12:32

FILED

R. CHESLER APR 16 1999

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 Management & Maintenance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3690 Second Avenue
Malabar, Florida 32950

ARTICLE III SHARES

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

Number of shares of stock is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rachel Shirley
3690 Second Avenue
Malabar, Florida 32950

ARTICLE V INCORPORATOR

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

Rachel Shirley
3690 Second Avenue
Malabar, Florida 32950

Rachel Shirley
Signature/Incorporator

4/13/99
Date

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

Rachel Shirley
Signature/Registered Agent

4/13/99
Date

FILED
99 APR 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA