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99 JUL 28 PM 12: 05

TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: C.M.M.T. INC
(Proposed corporate name - must include suffix)

500002943985--3
-07/28/99--01057--003
*****78.75 *****78.75

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

ADDITIONAL COPY REQUIRED

FROM: PHILIP E MEHL SR.
Name (Printed or typed)

959 CENTRAL PARKWAY
Address

STUART FL 34994
City, State & Zip

561 220-3456
Daytime Telephone number

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

PH
3/3/99 ✓

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
C.M.M.I. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
959 CENTRAL PARKWAY
STUART FL 34994

ARTICLE III SHARES

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

Five Hundred (500) shares of common stock with a par value of One Dollar (\$1.00) per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

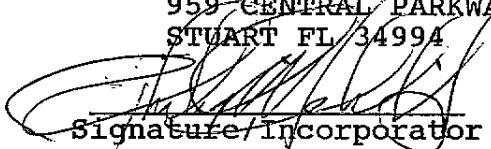
The name and Florida street address of the initial registered agent is:

PHILIP E MEHL SR
959 CENTRAL PARKWAY
STUART FL 34994

ARTICLE V INCORPORATOR

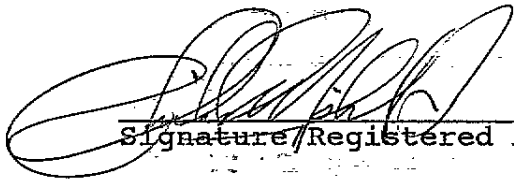
The name and address of the incorporator to these Articles of Incorporation are:

PHILIP E MEHL SR
959 CENTRAL PARKWAY
STUART FL 34994


Signature/Incorporator

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 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

Date

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TALLAHASSEE, FLORIDA