Sent By: ACCOUNTING OFFICES;

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Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name

: INTEGRATED MANAGEMENT GROUP, INC.

Account Number

: 119990000058

Phone Fax Number : (954)753-6042 : (954)753-1123 SEP 23 PM 1: 37

FLORIDA PROFIT CORPORATION OR P.A.

29 MUFFINS, INC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be: 29 MUFFINS, INC. 321 N. UNIVERSITY DR. PLANTATION, FL 33324

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be: 321 N. UNIVERSITY DR.

PLANTATION, FL 33324

INTEGRATED MANAGEMENT GROUP, INC. 10139 NW 31ST STREET SUITE 101 CORAL SPRINGS, FL 33065 (954) 753-2222 H990000236788

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

- - - -

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:
TRACY LITT
321 N. UNIVERSITY DR.
PLANTATION, FL 33324

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

TRACY LITT

321 N. UNIVERSITY DR.

PLANTATION, FL 33324

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The undersigned has executed these Articles of Incorporation this 22 DAY OF SEPTEMBER.

Signature:

Date: 4-22-9

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: 29 MUFFINS, INC.
- 2. The name and address of the registered agent TRACY LITT
 321 UNIVERSITY DR.
 PLANTATION, FL 33324

Signature

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date:

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