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TRANSMITTAL LETTER

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

FILED
99 OCT 25 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: LMM Enterprises, 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: Laurie Michelle McGrath
Name (Printed or typed)

3433 Pelican Lane
Address

Orlando, FL 32803
City, State & Zip

407-896-9260
Daytime Telephone number

200003023572-3
-10/25/99--01072--020
*****70.00 *****70.00

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

10-26
mc

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: LMM Enterprises, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3433 Pelican Lane Orlando, FL 32803.

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Peter R. McGrath, Esq.
801 North Magnolia Avenue
Suite 204
Orlando, FL 32803

ARTICLE V: INCORPORATOR

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

Laurie McGrath
3433 Pelican Lane
Orlando, FL 32803

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Laurie McGrath
Signature/Incorporator

10-16-99
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.

[Signature]
Signature/Registered Agent

10/16/99
Date