## PO2000014700

02 APR 25 AM 9: 43

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

SUBJECT:					
	(Proposed corpo	rate name -/must include sul	flix)		
Enclosed is an original a	nd one(1) copy of the article	s of incorporation and a c	check for :		
₩ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
	ADDITIONAL COPY REQUIRED				
FROM: SCOTT MC CLURE.  Nama (Printed) or typed)					
<u></u>	4620 NE	5th AVENUE	· · · · · · · · · · · · · · · · · · ·		
4/30/02 8:48	FORT LAUD	ERDALE, FL State & Zip	33334		
Jacker Palermo	954-474 VE Daytime Te	<i>4 - 9000</i> elephone number			
AUTHORIZATION BY PHONE TO CORRECT Lame DATE 4/30/02 DOC. EXAM DAL White			:		

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

## FILED

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE

	on Act, hereby adopts the following Artic		TALLAHASSEE FLURII
ARTICLE I	NAME		
The name of the o	corporation shall be:		
	MAC DE	SIGN & Associates, In	C.
ARTICLE II	PRINCIPAL OFFICE		
The brincipal plac	e of business and mailing address of t	his corporation shall be:	
		5th AVENUE	
ARTICLE III		RDALE, FL 3333	
The number of sha	ares of stock that this corporation is au	thorized to have outstanding at	any one time is:
	100 St	Wec	·
	100 31	TKS	
ARTICLE IV	INITIAL REGISTERED AGI	ENT AND STREET ADD	RESS
The name and Flor	rida street address of the initial registe	red agent are:	·
		SCOTT MC CLU	RE
ADTICLE IN	DICCORDOD 4 COD	4620 NE 5TH AV	'ENUE
<b>ARTICLE V</b> The <u>name and ad</u>	INCORPORATOR dress of the incorporator to these Arti		
		SCOTT Mc CLURE	:
		4620 NE 5th AVE	TNUE
1		FT LAUDERDALE, F	L 33334
	a e lul	4-22-8	י
Signa	ture/Incorporator	4-22-0	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

Signature/Registered Agent