

P99000082111

TRANSMITTAL LETTER

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

Mach Ly, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the article of incorporation and a check for:

() \$70.00
Filing Fee

(X) \$78.75
Filing Fee
& Certificate

() \$122.50
Filing Fee
& Certified Copy

() \$131.25
Filing Fee,
Certified Copy
& Certificate

300002960979--0

-08/16/99--01108--016

*****78.75 *****78.75

FROM:

Khai Vo Mach

Name (printed or typed)

5267 Park Street

Address

St. Petersburg, FL 33709

City, State & Zip

(727)545-1781

Daytime telephone number

FILED
99 SEP 16 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W99-19371
2544

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 20, 1999

KHAI VO MACH
5267 PARK STREET
ST PETERSBURG, FL 33709

SUBJECT: PHOENIX GARDEN, INC.
Ref. Number: W99000019371

We have received your document for PHOENIX GARDEN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 399A00042072

FILED
99 SEP 16 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MACH LY, INC.

ARTICLE II PRINCIPAL OFFICE

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

**5267 Park Street
St. Petersburg, Fl 33709**

ARTICLE III SHARES

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

Ten thousand (10,000) shares of common stock with Par value of one dollar (\$1.00).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Khai Vo Mach
5267 Park Street
St. Petersburg, Fl 33709**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this Articles of Incorporation is(are):

**Khai Vo Mach
5267 Park Street
St. Petersburg, FL 33709**

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation
this 1st day of September, 19 99 .**

x 
Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTER OFFICE /
REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the corporation is :

MACH LY, INC.

2. The name and address of the registered agent and office is:

Khai Vo Mach

(Name)

5267 Park Street

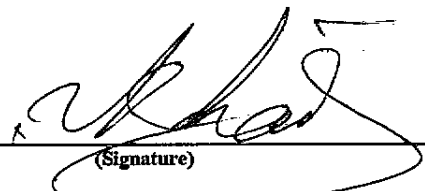
(P.O. Box not acceptable)

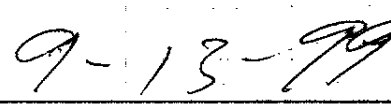
St. Petersburg, Fl 33709

(city/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Having been named as registered agent and to accept service of process for the
above stated corporation at 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 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)


(Date)