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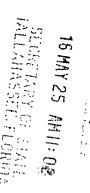
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mam Enterprises 3 Ship	leskments Co.
Name of corporation - must in	nclude suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flor	d check are submitted to register the
Please return all correspondence concerning this matter to the fo	ollowing:
Llaws K. Mirchen	
Name of Person	
May M Exterprises & Invest	iments Co.
Firm/Company	
871 N. ILWY AIR, #202 Address	
Address	
INDIAL ANTIC, EL 320	103
STOPIALANTIC, CL 320 City/State and Zip co	ode
City/State and Zip co	^
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Name of Person at (321) 8	17-5020
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	Filing Fee & \$2.\$87.50 Filing Fee, cd Copy Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ENTERPRISES 3 INV			-
	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY, CORPORATION,		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busi	iness in Florida)	-
2. Wyominia 3.		46-2263891		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	ole)	-
, Nevada (b-14-13) WY (10-30-15)5.	_		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	•
6.	5-01-2016			
o	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			•
7. 877 N.1	LWY AIA, HZOZ INDIAL			
		office address)		•
	Same		£ 00.	
	(Current mailing a	ddress, if different)	-0	•
				1.5
8. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	~ 25 등등	r mark
Name:	LLOUD K. MYChec			E H I
Office Address:	877 N. W. MIG, & 702		AM II: 02 OF SIAR ELFLORIO	(Carrent)
	INDIALANTIC (City)	, Florida _ 32903		
	(City)	(Zip code)		
9. Registered age	ent's acceptance:		مدن ور	
	ed as registered agent and to accept service application, I hereby accept the appointmen			
fu <mark>rther agree to</mark> c	omply with the provisions of all statutes rela	tive to the proper and complete pe		
duties, and I am f	amiliar with and accept the obligations of m	y position as registered agent.		
	7	~~		
_	(Registered age	nt's signature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, Secretary of State of the State of Wyoming, do hereby certify that

M&M ENTERPRISES & INVESTMENT CO.

a profit corporation originally incorporated under the laws of **Nevada** on **March 14**, **2013**, did on **October 30**, **2015**, apply for a Certificate of Incorporation and filed Articles of Domestication in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this profit corporation has renounced its state or country of incorporation, and is now incorporated under the laws of the state of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Tuesday, May 03, 2016.



Filed Date: 10/30/2015

Secretary of State

By: Jessica Cockrell

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Ellen M. MAGIS	
Address: 877 N. Way MA, #202	
Insiacantric, FL 32003	
Vice Chairman: Llays K. Wirtchew	
Address: 877 N. Hury MA, & 202	
Indianatic, Cl 32003	
Director: Thomas Poole	
Address: 877 N. Way OLA, #202	
Indianimetro, CL 23203	
Director:	
Address:	
B. OFFICERS	
President: Uoyo K. Mirchen	
Address: 877 N. Way Ma. &zaz	23 3
Itoinatic, CL 3203	25 SS
Vice President:	
Address:	
Secretary: Eller MAGIO	
Address: 877 N. Ibuy MA & 202 Storminatic, FL	2>42
Treasurer: EIKN MYSKIS	27903
Address: 877 N. Way al # 202 Salmainte, FL	2202
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep a third degree felony as provided for in s.817.155, F.S.	
13. Llayor. Michey, Preper/CED	
(Typed or printed name and capacity of person signing application)	