

114000003859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

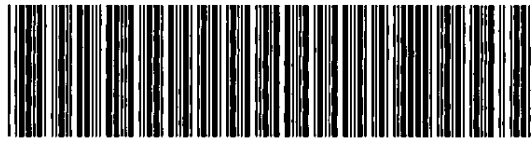
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 12:11

COVER LETTER

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

SUBJECT: Mas Brothers Producers, 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

ADDITIONAL COPY REQUIRED

FROM: Joan Whiteman
Name (Printed or typed)

325 NW 194th Terrace
Address

Miami, Fl. 33169
City, State & Zip

786-338-1890
Daytime Telephone number

whiteman.joan@yahoo.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Mas Brothers Producers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
325 NW 194th Terrace
Miami, Florida 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the awareness of the various Caribbean islands culture and heritage, and encourage the cultural exchange among the citizens within the community. To enhance the promotion of the carnival celebrations and festivities, we will be sharing the knowledge of the construction of costume designing, and how to play the steel drums while providing the history of the islands in a theatrical presentation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All Directors
are elected by majority vote at a general meeting and can only serve (2) two year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Whiteman, Director
Address: 325 NW 194th Terrace
Miami, Florida 33169

Name and Title: Sheila Boyd, Treasurer
Address: 7035 NW 186th St
Suite307
Miami, Florida 33015

Name and Title: Gina Greenidge, Secretary
Address: 751 NE 141st Street
North Miami, Fl. 33161

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 12:11

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joan Whiteman
Address: 325 NW 194th Terrace
Miami, Fl. 33169

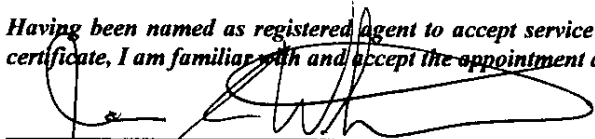
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joan Whiteman
Address: 325 NW 194th Terrace
Miami, Fl. 33169

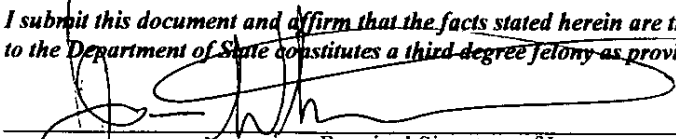
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

04/09/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

04/09/2014
Date