TRANSMITTAL LETTER P000000002187

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

*****78.75 *****78.75 :

SUBJECT: M.B. PAUL LTD (Proposed corporate name - must include suffix)				
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a c	heck for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: M.B. PAUL, LTD. Name (Printed or typed) 3500 NW BOCA RATON BLVD. BAY 901				
BOCA RATON, FL 33431 City, State & Zip				
BRION POUL SUTHORIZATION BY PH CORRECT HETT ILI DATE 110	GAVE	elephone number	<u> </u>	
NOTE: Please provide the original and one copy of the articles. Faxed corp. Cletcil screen				

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
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The name of the corporation shall be:

M.B. PAUL, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3500 NW BOCA RATEN BIUD. #90, BOCA RATEN, FL 33431

<u>ARTICLE III SHARES</u>

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

200 shares non-preferred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

3500 NW BOCA RATON BLUD. # 901

BOCA RATON, FL 33431

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

3500 NW BOCA-RATON BLVD. #901 BOCA RATON, FL 33431

Signature/Incorporator

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

Date