PODOLOO/356/ TRANSMITTAL LETTER

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

00 FEB -3 PM 12: 29

SECRETARY OF STATE

	RRAG-N-FIAG, INC.	
SUBJECT:	(Proposed corporate name - must include suffix)	² 800

Enclos	sed is an origin	nal and one (1) cor	by of the articles of	ncorporation and a check
for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate

FROM: Mame (printed or typed)

5125 CASTELLO

Address

City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION FEB -3 PH 12: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

ARTICLE II PRINCIPAL OFFICE

MAG-M-FLAG, INC.,

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

5125 CASTElla

NAPLES, FL.,

ARTICLE III SHARES

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

namme) and all-NE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorpora-
tion is(are):
1 61 (1 /2) .
KEVIN Figher (RES. SECY)
12-21010
#8 KOR P.7 Ct.,
Rehobelh Beach, DE., 19971-105!
DEVODOUN DAKIN, Dr., 11111 100

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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 REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The nam	e of the corpora	ation is:	16-11/-	rly6,	TINC.)

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

POSE Mills

SECKETARY OF STATE

(Name)

(P.O. Box not acceptable)

(City/State/Zip)

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)

(Date)