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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MAIL BOX SAVINGS, INC.

Certificate of Status	0
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ARTICLE OF INCORPORATION

OF

MAIL BOX SAVINGS, INC.

THE UNDESIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER
THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S).

ARTICLE I NAME

THE NAME OF THE CORPORATION WILL BE: MAIL BOX SAVINGS, INC.
THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION WILL BE: THE STATE OF FLORIDA
AND ALL THE UNITED STATES: 4711 N.W. 79th AVENUE, SUITE # 12 L
MIAMI, FL 33166

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENAGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BU-
SINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY
OTHER STATES, COUNTRY, TERRITORY, OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND IT'S VALUE THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANYONE TIME IS: ONE HUNDRED SHARES OF COMMON
STOCK WITH PER VALUE OF THE (\$10.00), DOLLARS PER SHARE, ALL OF THE STACK WILL BE
PAYABLE IN CASH, REAL OR PERSONAL PROPERTY, OR LABORS, OR SERVICES IN LIEU OF CASH
VALUATION OF ANY OF THE ABOVE TO BE FIXED BY THE BOARD OF DIRECTORS OF THIS CORPO-
RATION.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

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ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(E) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO WILL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE UNTIL THEIR SUCCESSOR(S) IS/ARE ELECTED, IS/ARE:

SHIRLEY SORAYA CEDENO PRESIDENT-TREASURER
4778 N.W. 107th AVE., APT # 201
MIAMI, FL 33178

ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(E/S) OF THE INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS/ARE:

SHIRLEY SORAYA CEDENO PRESIDENT-TREASURER
4778 N.W. 107th AVE., APT # 201
MIAMI, FL 33178

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS/HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 21th OF FEBRUARY, 2000.



SHIRLEY SORAYA CEDENO
PRESIDENT-TRASURER

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, 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 name of the corporation
MAIL BOX SAVINGS, INC.

2. The name and address of the registered agent and office is:
SHIRLEY S. CEDENO, 4778 N.W. 107th AVENUE, APT # 201.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33166

(CITY/STATE/ZIP)

I Shirley S. Cedeno accept the duties as registered agent for this corporation.

SIGNATURE Shirley S. Cedeno

PRESIDENT-TREASURER

TITLE

February 21, 2000

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Shirley S. Cedeno

February 21, 2000

DATE

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