

OFFICE USE ONLY (Discipline)

PH000026051

MAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

00 MAR 14 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

00 MAR 14 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- M & G PROFESSIONAL SERVICES, INC.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-03/14/00--01059--019
*****78.75 *****78.75

[Handwritten Signature]

Examiner's Initials

ARTICLES OF INCORPORATION

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.

00MAY 14 PM 1:40
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be M L S PROFESSIONAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

8320 NW 103 ST A 207
HIALEAH GARDENS, FL 33016

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$ 1.00 par value common stock which shall be designated of president.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

MARISELA G. MELCON
8320 NW 103 ST A 207
HIALEAH GARDENS, FL 33016

ARTICLE V INCORPORATOR(S)

The name (s) and Street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

MARISELA G. MELCON
PEDRO A. GONZALEZ
8320 NW 103 ST A 207
HIALEAH GARDENS, FL 33016

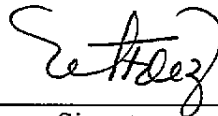
ARTICLE VI DIRECTOR(S)

The name and street address(es) of the director(s) to these Articles of Incorporation is (are):

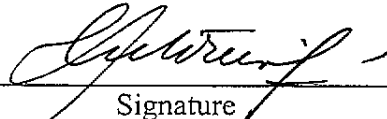
MARISELA G. MELCON: 8320 NW 103 ST A 207
PEDRO A. GONZALEZ HIALEAH GARDENS, FL 33016
(BOTH) SAME ADDRESS

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

this 12th day of MARCH, 2000



Signature



Signature

Articles of Incorporation
Filing Fee-\$ 35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 name of the corporation is: N S G PROFESSIONAL SERVICES, INC.
2. The name and address of the registered agent and office is:

MARISELA G. NELSON

(NAME)

8320 NW 102 ST A 207 HIAL

(P.O. BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FL 33016

(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 03/12/2000

REGISTERED AGENT FILING FEE: \$ 35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 MAR 14 PM 1:40

FILED