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TRANSMITTAL LETTER

WELKE FARY OF STATE TALLAHASSEE, FLORIDA

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

300003336403--2 -07/26/00--01035--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

MFB AND ASSOCIATES /WC. (Proposed corporate name - must include suffix) SUBJECT:

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

**\$87.50** Filing Fee. Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

1 , , == 18

FROM: MICHAEL F. BROCK Name (Printed or typed)

290 1745T. SUITE 1019

SUNNY ISLES, FL 33160 City, State & Zip (954) 873-7700 Deutime Telenhone number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2000

MICHAEL F BROCK 290 174TH ST, SUITE 1019 SUNNY ISLES, FL 33160

SUBJECT: MFB AND ASSOCIATES INC. Ref. Number: W00000018917

We have received your document for MFB AND ASSOCIATES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 700A00041353

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

MEB AND ASSOCIATES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

290 17474 57 # 1019 SUNNY ISLES FL 33100 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

#### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MICHAEL F. BROCK 290 1747457 #1019 SUNNY ISLES, FL 33160

### ARTICLE VI **REGISTERED AGENT**

The name and Florida street address of the registered agent is:

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

ghature/Registered Agent

Signature/Incorporator

Date

FILFD

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SECRETARY OF STATE TALLAHASSEE, FLORIDA