

P000000096111

TRANSMITTAL LETTER

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

200003421762--8  
-10/11/00--01056--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: MAIL ALL USA INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: PRICILIANO ESPAILLAT  
Name (Printed or typed)

7512 PEMBROKE ROAD  
Address

MIRAMAR FL. 33023  
City, State & Zip

954-893-0226  
Daytime Telephone number

FILED  
00 OCT 11 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

g/10/12

## 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:

MAIL ALL USA INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7512 PEMBROKE ROAD MIRAMAR FL. 33023

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SALE DATA

### ARTICLE IV SHARES

The number of shares of stock is:

ONE

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

The name(s) and address(es):

PRICILIANO ESPAILLAT  
7512 PEMBROKE ROAD MIRAMAR FL. 33023

### ARTICLE VI REGISTERED AGENT

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


PRICILIANO ESPAILLAT  
7512 PEMBROKE ROAD MIRAMAR FL. 33023

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

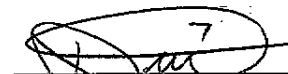
PRICILIANO ESPAILLAT  
7512 PEMBROKE ROAD MIRAMAR FL. 33023

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

  
\_\_\_\_\_  
Signature/Registered Agent

OCTOBER 9/2000

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

OCTOBER 9/2000

\_\_\_\_\_  
Date

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