

TRANSMITTAL LETTER

P00000116981

FILED

00 DEC 18 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-12/18/00--01126--020
*****78.75 *****78.75

SUBJECT: MTM GROUP, 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: NELSON RIBE
Name (Printed or typed)

4534 SW 143 CT. W.
Address

MIAMI, FL 33175
City, State & Zip

(305) 613 7327
Daytime Telephone number

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

R. 12/26/00

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:

MTM GROUP, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3731 SW 99 AVE #4
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL ACTIVITIES OR BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES - 1.00 VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

NELSON RIBE
4534 SW 143 CT. W.
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NELSON RIBE 4534 SW 143 CT. W.
MIAMI, FL 33175

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

Date

12-13-2000

Signature/Incorporator

Date

12-13-2000