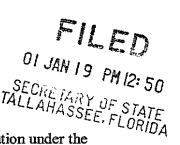
John Ell'S JR. ATTORNEY
Requester's Name FILED 105 E. Robinson ST. STE. 500 Address 01 JAN 19 PM 12:50 SECRETARY OF STATE ALLAHASSEE, FLORIDA CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) 600000355: -01/19/01-*****87.50 (Corporation Name) (Document #) Certified Copy Walk in Pick up time Certificate of Status Photocopy ☐ Mail out Will wait **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., OfficerADirector Not for Profit Limited Liability Change of Registered Agents Dissolution/Withdrawal ☐ Domestication ☐ Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

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ARTICLE OF INCORPORATION FOR M.I.A.S. INC.,

THE undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles:

ARTICLE I NAME

The name of the corporation shall be: M.I.A.S. Inc

ARTICLE II PRINCIPAL OFFICE

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

2028 W. Washington Street, Orlando, Florida 3286 5

ARTICLE III NUMBER OF SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mark Isaacs 2208 W. Washington Street, Orlando, Florida, 32805

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporator is:

Mark Isacs 2208 W. Washington Street Orlando, Florida 32805

______ Dated: <u>Dec 7______</u>, 2000

CERTIFICATE OF DESIGNATION OF REGISTER AGENT

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 statements relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

1 /at Wase

Dated:

2000

STATE OF FLORIDA ORANGE COUNTY

Sworn to or affirmed and signed before me on November
NOTARY:
Commission No.:
Personally Known Produced identification Type of identification produced FLLie I 220.541 67.382-0.
cc794009

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SECRETARY OF STATE
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