TRANSMITTAL LETTER

401000018725

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: 700003743747 _02/20/01--01033--001 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50 \$78.75 □ \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Certified Copy Filing Fee & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be:
MARies Management INC-
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
- 1400 C - 2500 C - 3448/
ARTICLE III * PURPOSE
The purpose for which the corporation is organized is:
to MAnagement Business Activefles—
ARTICLE IV SHARES The number of shares of stock is:
i ne number of shares of stock is.
(O
ARTICLE V INITIAL OFFICERS /DIRECTORS (optional)
The name(s) and address(es): A. Mario Stevens - President
7. Mario Stevens Mesiden
301 S.E. 49th
Ocala, florida - 3447
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
A. Mothie Stevens-RIA
301 SiE 491th De-ocala Plu- 34471
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
A-marie Stevens
30152 49th Ave
CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
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
A Main Street RA
Signature/Registered Agent Date
\mathcal{A}
A. Mobile & Tellers 20- Jeh - 200)
Signature/Incorporator Date