PRANSMITTAL LETTER JOSEph 2293

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

SUBJECT: MRD 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:				SECRETARY OF STATE TALLAHASSEE, FLORIDA	01 JUN 21 AMII: 09	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	NTE RIDA	09	
FROM: MAXIE R DAVIS JR Name (Printed or typed) 500004434825-3 -06/21/01-01028-014 *******87.50 ******87.50 Address)						
	941-35	FL 34243 State & Zip				5 w

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

B. /22/01

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	01 JUN 21 AM II: 09
The name of the corporation shall be:	SECRETARY OF STATE
MRD GROUP, INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	(1 22 - 1 - 2:1-1:
PLACE OF BUSINESS: 6090 MEDICI CT., #	=201 SARASOTA FL 3424
PLACE OF BUSINESS: 6090 MEDICI CT. # MAILING ADDRESS: 8374 MARKET ST. # ARTICLE III PURPOSE	- 209 BRADENTON FL 3420
TINTICEE III TONIOSE	en e
The purpose for which the corporation is organized is:	
TO IMPORT TEXTILE PRODUCTS FOR SA	ILE TO THE RETAIL MAR
ARTICLE IV SHARES	
The number of shares of stock is:	
[000 SHARES	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)	and the same of th
The name(s) and address(es):	
MAXIER DAVIS JR.	
6090 MEDICI CT. #201	
SARASOTA, FL 34243	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	•
MAXIE R. DAVIS JR.	
6090 MEDICI CT. 1/4 201	
SARASOTA CL 34243 ARTICLE VII' INCORPORATOR	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
MAXIER DAVIS JR	
6090 MEDICI CT. #201	
SARASOTA FL 34243 **********************************	
Having been named as registered agent to accept service of process for the above stated	
certificate, I am familiar with and accept the appointment as registered agent and agree	e to act in this capacity
Shaxie R Davin ()r.	6/17/01
Signature/Registered Agent /	Date
Oldrie R. Davi Dr.	6/17/01
Signature/Incorporator / /	Date