

TRANSMITTAL LETTER

**P010000068174**

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

SUBJECT: Mail Brokers Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004464992--7  
-07/09/01--01100--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Michael L Smith  
Name (Printed or typed)

31 17<sup>th</sup> Street  
Address

Atlantic Bch, FL 32233  
City, State & Zip

904-435-3116  
Daytime Telephone number

FILED  
2001 JUL -9 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

✓  
7/11/01

# 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 Brokers, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6371<sup>st</sup> Avenue North  
Jacksonville Beach, FL 32250

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To broker direct mail.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Michael L Smith , President  
31 17<sup>th</sup> street  
Atlantic Beach, FL 32233

## ARTICLE VI REGISTERED AGENT

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


Michael L Smith  
31 17<sup>th</sup> street  
Atlantic Bch, FL 32233

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Michael L Smith  
31 17<sup>th</sup> street  
Atlantic Bch, FL 32233

\*\*\*\*\*  
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

6/28/01

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

Date

6/28/01

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA