P110007/525

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

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SUBJECT: MICHAEL AUSTIN ENTERPLISES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a c	check for
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\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	DOROTHY B. ZAHARAKO	SECR	<u> </u>	
	Name (Printed or typed)	AHAS:	118	FILE
	8109 ALISTER PLACE Address	TE, 137		ED
	PORT ST. LUCIE WEST PL 34986	ارس نین ۱۳۳۱ سب	36	

561-489-0219 Daytime Telephone number

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



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Michael Austin Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1233 South Military Trail West Palm Beach, Florida 33415

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dorothy B. Zaharako, CPA 8109 Alister Place St. Lucie West, Fl 34986

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Dorothy B. Zaharako, CPA 8109 Alister Place St. Lucie West, Fl 34986

ARTICLE VI EFFECTIVE DATE

The effective date of this incorporation shall be:

July 16, 2001

Signature Incorporator

2/14/01
Date

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

Dorothy B. Zaharoho 7/14/0/
Signature / Registered Agent Date