

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE
Account Number : I20000000264
Phone : (954) 565-9929
Fax Number : (954) 565-1347

FLORIDA PROFIT CORPORATION OR P.A.

T Mas Corp.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2001

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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:
T Mas Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
2171 Cove Lake Road
Ft. Lauderdale, FL 33068

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is :
10,000 shares

ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Thomas Masi
2171 Cove Lake Road
Ft. Lauderdale, FL 33068

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Thomas Masi
2171 Cove Lake Road
Ft. Lauderdale, FL 33068

ARTICLE VI INCORPORATOR

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

Thomas Masi
2171 Cove Lake Road
Ft. Lauderdale, FL 33068

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Signature/Incorporator

10-23-01
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.


Signature/Registered Agent

10-23-01
Date

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