# P0/00/03903

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

200004654152--8 -10/26/01--01015--004 \*\*\*\*\*87.50 \*\*\*\*\*

444Associates, Inc (PROPOSED CORPORATE NAME - MUS Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **570.00** ☐ \$78.75 **U \$78.75 387.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Cartificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Victor Johnson Name (Printed or typed) 444 Brickell Avenue, Suite 51 (318) Miami, Florida 33131 City, State & Zip (305) 470-6852

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

Daytime Telephone number

### ARTICLES OF INCORPORATION

01 OCT 25 PM 12: 50

In compliance with Chapter 607 of the Laws of the State of Florida, the undersigned ARY OF STATE incorporator hereby forms a corporation.

### ARTICLE I. NAME

The name of the corporation shall be:

444 ASSOCIATES, INC.

### ARTICLE II. PRINCIPAL OFFICE

The principal office of this corporation shall be 444 Brickell Avenue, Suite 729, Miami, Florida 33131, and the mailing address of the corporation shall be the same.

### ARTICLE III. PURPOSE

This corporation may acquire, retain, develop and dispose of property, Real or otherwise, and engage in the provision of any service which may be legally provided within the State of Florida or the several United States.

### ARTICLE IV. SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a \$1.00 par value per share.

# ARTICLE V. REGISTERED AGENT

The name of and address of the Registered Agent of this corporation shall be:

Victor Johnson 444 Brickell Avenue Suite 729 Miami, Florida 33131

# ARTICLE VI. INCORPORATOR

The name and address of the Incorporator is:

Victor Johnson 444 Brickell Avenue Suite 729 Miami, Florida 33131

# ACKNOWLEDGMENT OF THE REGISTERED AGENT

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.

Registered Agent - Date

I way M

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1 75 PM 19: