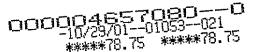
DOIOOOOS220 TRANSMITTAL letter

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



SUBJECT: _ MMOFG INC.
(Proposed Corporate Name- Must Include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

&Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy &Certificate of

Status

ADDITIONAL COPY REQUIRED

From: Roberta Rogers
Name (printed or typed)

18812 Chopin DR. Address

> Lutz, FL 33549 City, State & Zip

813-915-1272 Daytime Telephone Number OI OCT 29 AM II: 47
SECRETARY OF STATE
TALLAHASSEE, FT 05%

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

, o', o

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: MMOFG INC.

ARTICLE 17 PRINCIPAL OFFICE

The principal place of business/mailing address is: 12690 34th St N. Clearwater Florida 33762

ARTICLE 111 PURPOSE

The purpose for which the corporation is organized is: Sales and Service

ARTICLE/V SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

The name(s) and address (es):

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: Roberta Rogers 18812 Chopin dr. Lutz Florida 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Roberta Rogers 18812 Chopin dr. Lutz Florida 33549

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

Signature/Incorporator

- 10-2+ -01

Date

10-26-01

Date