## POIDOD/08548

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

**400004674234**--6 -11/09/01--01045--014 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MACABEE INDUSTRY SUPPLIES & SERVICE CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:	1	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	-1	
FROM:	JOAB (	Printed or typed)		SECRETA ALLAHA! DI NOV-	
-	6202 SH	ELDON Rol, A	PT 605	ARY OF STAIR ASSEE, FLORID! -9 AM 10: 06	TED ?
-		, F1A 3361 State & Zip	5-3104	ORIDA ): 06	후 다 ::-
_		249-2586		w	· · - ·

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

NAV 1: 3 Onni

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME		
The name of the corporation shall be:	O CEDVICE	(m) P
The name of the corporation shall be:  MACABEE INDUSTRY SUPPLIES	& SEKVICE	CUAI
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
6202 SHELDON Rd. APT 605		
TAMPA, FLA 33615-3104		
ARTICLE III PURPOSE	, v-in .	
The purpose for which the corporation is organized is:  EXPORT & IMPORT. AND SERVICE		
EXPORT & ZMPONT. AND SCHOOLS		
ADDICE DATE CHARGE		
ARTICLE IV SHARES The number of shares of stock is:	**	w .
The number of shares of stock is.		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	c	o 75
The name(s), address(es) and title(s):	· · · - a	
JOAB RODAS, PRESIDENT	<u>€</u>	CRETA LAHA
Da not Cot		SSE Y
6202 SHELDON Rd. Apt 605	<u></u>	
TAMPA, FLA 33615-3104	<b>7</b>	D OF STATE E. FLORID
ARTICLE VI REGISTERED AGENT	C	
The <u>name and Florida street address</u> of the registered agent is:		
JOAB RODAS. DI Apt. 605		
6202 SHELDON Ray 111		
JOAB RODAS. 6202 SHELDON Rd, APT-605 TAMPA, FLA 33615-3104 ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
JOAB RODAS 6202 SHELDON Rd, APT. 605	4.1	-
6202 SHEUDON MAI	.1	* .
TAMPA, FLA 33615-3104 ************************************	 ************	****
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to the company of the	rporation at the place design act in this capacity	ated in this
the state of the s	11/7/200	/
Signature/Registered Agent	Date	
X X X X X X X X X X X X X X X X X X X	1. /.	

ARTICLES OF INCORPORATION