

PO100011022

TRANSMITTAL LETTER

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

300004687043--9
-11/19/01--01035--002
*****70.00 *****70.00

SUBJECT: M. G. M. Enterprises, ~~Inc.~~ Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Walter M. Munoz
Name (Printed or typed)

606 S.E. 19 St.
Address

Cape Coral, FL 33990
City, State & Zip

(941) 633-6685
Daytime Telephone number

FILED
01 NOV 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH NOV 20 2001

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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:

M.G.M. Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10915 Bonita Beach Rd. #1131, Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Benefit And Insurance Consulting And Sales & Marketing

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares @ \$1 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Walter M. MUNOZ, 606 S.E. 19 St., Cape Coral, FL 33990,
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Walter M. MUNOZ, 10915 Bonita Beach Rd, Bonita Springs
Suite 1131, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Walter M. MUNOZ, 10915 Bonita Beach Rd, #1131,
Bonita Springs, FL 34135

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

Walter Munoz
Signature/Registered Agent

11/15/01
Date

Walter Munoz
Signature/Incorporator

11/15/01
Date

FILED
01 NOV 19 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA