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TRANSMITTAL LETTER

FILED

01 DEC 12 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200004720692--3
-12/12/01--01051--007
*****87.50 *****87.50

SUBJECT: MY FRIENDS WITH BENEFITS 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: SONIA MIRABAL
Name (Printed or typed)

5148 NW 48 DB.
Address

CORAL SPRINGS, FL 33067
City, State & Zip

(305) 776-5590
Daytime Telephone number

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

C. BLALOCK DEC 12 2001

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:

MY FRIENDS WITH BENEFITS
INC.

MAILING ADDRESS
P.O. Box 670824
CORAL SPRINGS, FL.
33067

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5748 NW 48 DR. CORAL SPRINGS, FL. 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO START A BUSS.

ARTICLE IV SHARES

The number of shares of stock is:

1'000.000 ONE MILLION SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

SONIA A. MIRABAL - PRESIDENT
ERWIN E. BEJARANO - VICE-PRES.
EDWIN A. BEJARANO - TREASURER

5748 NW 48 DR.
CORAL SPRINGS, FL. 33067

ARTICLE VI REGISTERED AGENT

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

ERWIN E. BEJARANO

5748 NW 48 DR.
CORAL SPRINGS, FL. 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SONIA A. MIRABAL
ERWIN E. BEJARANO
EDWIN A. BEJARANO

5748 NW 48 DR.
CORAL SPRINGS, FL. 33067

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-10-01

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