

P02000 12/39/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

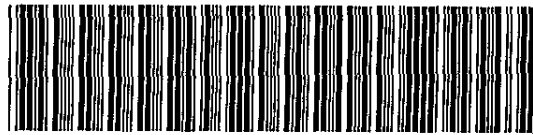
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: MCS DISTRIBUTOR INCORPORATION, OF MIA Fla  
(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  
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: MARC S JOSEPH  
Name (Printed or typed)

10571 NW 140<sup>th</sup> Terrace  
Address

MIA Fla 33168  
City, State & Zip

786-546-7882  
Daytime Telephone number

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

**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 & S DISTRIBUTOR INCORPORATION OF MIAMI FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1051 NW 140 Ter  
MIA Fla 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE Beauty Supply  
& HAITIAN PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

10 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

MARC S. JOSEPH  
1051 NW 140 Ter  
MIA FL 33168


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marc S. Joseph  
1051 NW 140 Terr.  
North Miami Fla., 33168

\*\*\*\*\*

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

11-07-02  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-07-02  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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