

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SOLIN

TRANSMITTAL LETTER

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

| SUBJECT: | MO | MONEY | MANAGEMENT | INC | |
|---|--------------------------------------|-------------------|------------------------------|------------------|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | | |
| | | | | | |
| | | | | | |
| Enclosed are an orig | inal and one | (1) copy of the a | rticles of incorporation and | d a check for: | |
| D | | | | | |
| | \$78.75 | | \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee | | Filing Fee | | |
| | & Certific | ate of Status | & Certified Copy | * * | |
| | | | • | & Certificate of | |
| | | | A D D TTO WAY GO | Status | |
| | | | ADDITIONAL CO | PY REQUIRED | |
| FROM: | | MOLLIS | BROWN | • | |
| 110141. | | Nan | BROWN ne (Printed or typed) | | |
| | | | | | |
| | 4010 N-W. 17914 TERN Address | | | | |
| • | Address | | | | |
| | • | | | | |
| | M/AM FL 33055 City, State & Zip | | | | |
| - | City, State & Zip | | | | |
| | · - | | | | |
| | 305 621 7620 | | | | |
| Doytime 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 <u>NAME</u> The name of the corporation shall be: MO' MONEY MANAGEMENT INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4010 N.W. 179TH TERLACE MIAMI FL 33055 PURPOSE ARTICLE III The purpose for which the corporation is organized is: MANAGEMENT OF PERFORMING ANTIST ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Coxey Brown 4010 n.D. 1795+ Minni, A 33055 REGISTERED AGENT The name and Florida street address of the registered agent is: Abrico Dioson 4010 nw. 1795+ HiAm: Fl 33055 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 4010 n.w. 1795+ 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

Date

Date

Signature/Registered Agent

Signature/Incorporator