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TRANSMITTAL LETTER

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

- 1

SUBJECT: M J ASSOCIATES, INC. (PROPOSED CORPORA	TE NAME – <u>MÚST INCL</u> I	JDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	I a check for:
☐ \$70.00 ★★ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	<u></u>	<u> </u>

MASTER TAX & ACCOUNTING, INC. 3846 CURRY FORD RD ORLANDO, FL 32806

407-896-7113

Daytime Telephone number

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

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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 J ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1469 CANAL CROSS CT. OVIDO, FL 32766

ARTICLE III __ PURPOSE

The purpose for which the corporation is organized is:

CAR SALES

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at a par value of \$1.00 ea

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MILAGROS HENRIQUEZ, President 1469 CANAL CROSS CT. OVIDO, FL 32766

ARTICLE VI REGISTERED AGENT

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

1469 CANAL CROSS CT.

OUT OF THE SOURCE

OVIDO, FL 32766

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MILAGROS HENRIQUEZ 1469 CANAL CROSS CT.

OVIDO, FL 32766

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

Hilaga (12965)

Signature/Incorporator Date