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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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TRANSMITTAL LETTER

| Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323 | ions | | | | |
|---|---|--|---|--|--|
| SUBJECT: | MASTS KK (PROPOSED CORPORA) | ENTER PATER PATENAME-MUSTINGLI | 2120S DESUFFIX | | |
| 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 ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: Clyrie CAMPbell Name (Printed or typed) | | | | | |
| 12490 Sw. 7th PC | | | | | |
| - | Davle City, | FC 3336 | 15 | | |
| 954 ~ 806 - 8464 Daytime Telephone number | | | | | |

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



April 1, 2003

CLYTIE CAMPBELL 12490 SW 7TH PL. DAVIE, FL 33325

SUBJECT: MASJSKK ENTERPRIZES

Ref. Number: W03000009264

We have received your document for MASJSKK ENTERPRIZES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 603A00019630

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 03 APR 10 AMII: 25 SECRETARY OF STATE |
|--|--|
| ARTICLE I NAME The name of the corporation shall be: | TALLAHASSEE, FLORIDA |
| MASJSKK ENTER PRIZES | INC. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12490 Swith PL | |
| Davie FL 32305 | |
| The purpose for which the corporation is organized is: | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Mauva MUNFORD BORTHOLD Suzette Costanzo QNDREA Carripbe II Clyrie Carribe II | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Ampholi | YM LTI. |
| Dave FL 33325 | - |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | . e stande |
| Clyrie CAMPACH 12490 SWITH PC Davie FL 33325 | ······································ |
| Having been named as registered agent to accept service of process for the above stated co- certificate, I am familiar with and accept the appointment as registered agent and agree to | orporation at the place designated in this |
| Signature/Registered Agent | 3/22/03 |
| ~ | Date SIN 2 |