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TRANSMITTAL LETTER

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

SUBJECT: M & M GROUP HOME 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: MARIE CHRISPHONTE
Name (Printed or typed)

121 NE 195 ST
Address

N. M B FL 33179
City, State & Zip

(305) 652-5694
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)

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ARTICLE I NAME

The name of the corporation shall be:

M & M GROUP HOME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

121 NE 195 St
N. Miami Bd, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CARE FOR MENTALLY CHALLENGED INDIVIDU,

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARIE CHRISPHONTE, DIRECTOR — 121 NE 195 St, NMB, FL
MAXENE FONTIL, OFFICER — 2230 WASHINGTON St, HOLLYWOOD, 330

ARTICLE VI REGISTERED AGENT

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

MARIE CHRISPHONTE 121 NE 195 St, NMB, FL 3317

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MARIE CHRISPHONTE 121 NE 195 St NMB, FL 33179

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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

Marie Chrisphonte — Signature/Registered Agent — 10-24-03 — Date

Marie Chrisphonte — Signature/Incorporator — 10-24-03 — Date