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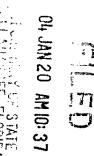
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Franklin Accounting & Tax Services

November 5, 2003

Florida Department Of State Secretary of State Division Of Corporation P. O. Box 6327 Tallahassee, FL 32314

Re: M.M.A. Enterprise Services, Inc.

Dear Sir or Madame:

Enclosed please find an original and one (1) copies of the Article of the Corporation of M. M. A. Enterprise Services, Inc. along with the required fees.

Once you have approved the filing of the corporation, please send the certificate to:

Franklin T. Ly 4166 Buford Hwy., Ste #1118-H16 Atlanta, GA 30345 (404) 325-3320

If you have any questions, please do not hesitate to contact my accountant at (404) 325-3320.

Thank you for your attention to this matter.

Regards,

Franklin T. Ly Accountant

CUÒNG KHAI THUẾ

4166 Buford Hwy.

Suite 1118 - H16

Atlanta

Georgia

30345

Tel: 404-325-3320

Fax: 404-325-3420

Member: National Society of Accountants National Society of Public Accounts National Society of Tax Practitioners National Society of Tax Professionals

Georgia Association of Public Accounts

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles 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	& Certificate of Status
FROM:	FRANKLIN Name	(Printed or typed)	
	4166 Bufor	ed thuy s	te 1118-416
	Atlanta tity,	GA 3034 State & Zip	12
	(404) 79	90-1040	

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

Daytime Telephone number

ARTICLE I NA	ME		_ 1	` C	a suices Inc
The name of the corpor	ation shall be	: M.M.	t. Enter	-prise >	ervices, Inc
	ousiness/maili Garde na City	ing address is: nia st , Beach, 1	=L 3240		
The purpose for which	URPOSE the corporat	ion is organized	is The Pu	irpose fo	r which the
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any busine	ss as	the FL	coporati	on code	ial cleaning a permits.
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<i>ARTICLE VI</i> The <u>name and Florid</u> a		RED AGENT ess. of the register	ed agent is:		
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4166	Buton	d Hwy	ste 1118.	- H16	
Ati	anta,	GA 30	345		
*******	*****	******	*****	******	*******
Having been named as reg certificate, I am familiar wi	istered agen) to th and accept th	accept service of pr e appointment as re	ocess for the above s gistered agent and ag	tated corporation a ree to act in this cap	t the place designated in this pacity
mator	Tun	h	- "	J	18/04
	gistered Age	nt			Date
\sim	27. Z	P			