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TRANSMITTAL LETTER

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

SUBJECT:	The Mobai	1 GROUP, Inc	s
	(PROPOSED CORPORA)	'E NAME – <u>KUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
	ADDITIONAL COPY REQUIRED		
FROM:	Anita Davi	s-DeFoe	
	Name (Printed or typed)		
_	10690 NW 28th Place		
	Address		
_	SunRise, Florida 33322 City, State & Zip		
	City, Stale & Zip		
954-901 - 4351			
Daytime Telephone number			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 8, 2004

ANITA DAVIS-DEFOE 10690 NW 28TH PLACE SUNRISE, FL 33322

SUBJECT: THE MOBAY GROUP INC.

Ref. Number: W04000009136

O4 APR -2 PH 12: 50
DEP DIVISION CORN

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

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 245-6855.

Tammy Hampton Document Examiner New Filings Section

Letter Number: 904A00015161

Articles of Incorporation

For

The MoBay Group Inc.

(A For Profit Corporation)

The undersigned, acting as incorporators pursuant to chapter 607 and/or Chapter 621, F.S. (Profit), adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of the Corporation shall be:

The MoBay Group Inc.

Hereafter, referred to the Corporation.

ARTICLE II
ADDRESS

The principal place of business and the mailing address of the Corporation shall be: 10690 N.W. 28th Place, Sunrise Florida 33322.

ARTICLE III
PURPOSE

This Company is not a "P.A" Corporation and shall not be affected nor restricted in its endeavors by any laws or statutes regulating P.A. Corporations.

ARTICLE IV SHARES

The initial number of shares to be issued by this Corporation shall be 1,000 shares.

ARTICLE V: EFFECTIVE DATE

The date upon which this Corporation shall be effective shall be the date upon which it is filed with the Florida State Department of Corporations

ARTICLE VI

INCORPORATORS & TITLES

The names, titles and street address of each of the Incorporators are:

Anita Davis-Defoe, Ph.D.

President/CEO 10690 N. W. 28th Place Sunrise, FL. 33322

Griffin DeFoe,

Secretary/Treasurer 10690 N. W. 28th Place, Sunrise, FL 33322 04 APR -2 PM J: 5
SECNETARY CONTROL
TALLAHASSEE FLORID

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Oscar D. Ramirez, Ph.D.

Director 1045 S. W. 82nd Avenue Miami, FL 33144

Neither the individual directors, nor their families, nor any of their real or personal property, shall be held personally accountable for any action(s) of this corporation. They shall be completely and totally indemnified against all such actions by the corporation.

ARTICLE VII SIGNATURES

The names, titles and signatures of the original incorporators are presented as follows:

Anita Davis Desoc, President, CEO

riffit DeFoe, Secretary/Treasurer

Oscar D. Ramirez, Ph.D.

ARTICLE VIII REGISTERED AGENT

The name, address and phone number of the initial Registered Agent shall be:

Dr. Anita Davis-DeFoe 10690 N. W. 28th Place Sunrise, Florida 33322 (954) 749-9354

Having been named as registered agent to accept service of process for the above stated corporation at the lace designated in this document, I am familiar with and accept the appointment as registered agent and agree to act in this capacity,

Dr. Anita Davis-DeFoe

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE OF FLORIDA AND COUNTY OF TO TAKE ACKNOWLEDGMENTS THE ABOVE INDIVIDUAL(S) PERSONALLY APPEARED, TO ME KNOWN TO BE THE PERSON(S) DESCRIBED AS SUBSCRIBERS IN AND WHO EXECUTE THE FOREGOING ARTICLES OF INCORPORATION AND ACKNOWLEDGED BEFORE ME THAT THEY SUBSCRIBED TO THOSE ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS 3/ th. DAY OF MAZCH ____, 2004.

Notary Public

My commission Expires

