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# TRANSMITTAL LETTER

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

SUBJECT:	CONET HOUSING PLACE	TE NAME - MUST INCL	HINE SHEET W
	·		
Enclosed are an orig	ginal and one (1) copy of the arti	cies 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	S87.50 Filing Fee, Certified Copy & Certificate of Status  OPY REQUIRED
FROM: _V	VENDY MAYSONET Name	(Printed or typed)	
	274 SATINWOOD CIRCLI	E Address	
	KISSIMMEE, FLORIDA 34	1743 State & Zip	
	407-344-4795	Telephone number	
	i din çare	CANADATA TOMPROAT	

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)

#### ARTICLE I NAME

The name of the corporation shall be: MAYSONET HOUSING PLACE CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 274 SATINWOOD CIRCLE KISSIMMEE, FLORIDA 34743

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TO BUY AND SELL PROPERTIES.

#### ARTICLE IV SHARES

The number of shares of stock is:

1.000

## INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): WENDY MAYSONET PRESIDENT, NIVIA DAVILA VICE PRESIDENT, JOSUE MAYSONET DIRECTOR

### REGISTERED AGENT

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

WENDY MAYSONET 274 SATINWOOD CIRCLE KISSIMMEE, FLORIDA 34743

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WENDY MAYSONET 274 SATINWOOD CIRCLE KISSIMMEE, FLORIDA 34743

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/Incorporator