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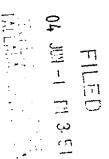
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: MOS	SSA, INC.		
	(PROPOSED CORPORAT	E NAME – MUST INCLI	IDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
FROM: A	Ifredo Matheus Sr.		
	Name (Printed or typed)	
	1989 Sacramento		
	Α	Address	
	Weston, FL 33326		
	City,	State & Zip	
	(954) 349-8801	elephone number	
	Daytime 16	rebucite timinet	

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: MOSSA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1989 SACRAMENTO WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES (\$1.00 PAR VALUE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

NAME	ADDRESS	TITLE
ALFREDO MATHEUS Sr.	1989 SACRAMENTO	PRESIDENT
	WESTON, FL 33331	

ARTICLE VI REGISTERED AGENT

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

The state of the s		
NAME	ADDRESS	
ALFREDO MATHEUS Sr.	1989 SACRAMENTO WESTON, FL 33331	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NAME	ADDRESS
ALFREDO MATHEUS Sr.	1989 SACRAMENTO
	<u>WESTON, FL 33331</u>

Registered Agent	
	05/25/04
ALFREDO MATHEUS Sr.	Date

	Incorporator	
		05/25/04
ALFRED	OO MATHÉUS Sr.	Date