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SECRETARY OF STATE
TALLAHA 3SEE, FLORIDA

## (SAMPLE LETTER OF TRANSMITTAL)

DATE 11/08/04

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

Re: ASSOCIATES of Mayin, Inc.

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Marcelo G. Marin (Individual's Name)

Associates of Marin, In

MAILING ADDRESS OF C	ORPORATION —
1600 NM 4th	Ave, Apt 31
Gainerville FL	32603
PHONE (352) 371-2257	Ext
Area Code Number	EXt.

ARTICLES	OF	INCORPO	DRATION
	~ ~	** . • • • • •	,,

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: Associates

### ARTICLE III - PURPOSE

ARTICLE II - DURATION

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ \_\_\_\_\_\_ per share.

#### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

This corporation shall exist perpetually unless dissolved according to Florida law.

STREET ADDRESS FLORIDA CITY (Sainecuil) Mailing address, if different STREET ADDRESS ZIP CITY **FLORIDA** 

#### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME MAYCOLO G. M	arin	
ADDRESS 1600 WW 42h	Ave Aut 36	
CITY Gainesville	FLORIDA F	ZIP 32603

	I - INITIAL BOARD OF DIRECTORS	
This corporation shall have C \( \subseteq \ \end{aligned} \) either increased or diminished from time to time by	the By-Laws, but shall never be less that	he number of directors may b in one (1). The names and
addresses of the initial director(s) of the corporation	n are as follows:	
NAME Marcelo G Ma	aira	
1	Ava Apt 36	
CITY Gainesville	STATE F	ZIP 32603
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTIC	CLE VIII - INCORPORATORS	
The names and addresses of the incorporators signi	ing these Articles of Incorporation are as	follows:
NAME Marcelo G. Ma	· · · · · ·	
ADDRESS 1600 NW 4th	Aug Ant Zi	
CITY GOINESVILLE	STATE to	ZIP 32603
NAME		32003
ADDRESS		<u> </u>
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed	d these Articles of Incorporation this	8 th
day of November		
	Mary 1	(Signature)
	144	(Signature)
		(Signature)
	,	_ ,

\_ (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation at 1600 NW 4th Ave Avt 36
Gainesville, FL 32603
has named Marcelo G. Marin = 5
located at the aforesaid address, as its registered agent to accept service of process within this state.
state. $\frac{\mathbf{v}}{\mathbf{v}} = \frac{1}{\mathbf{v}} \frac{1}{v$

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.