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#### Florida Department of State Division of Corporations

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To:	Division of Co: Fax Number	porations : (850)205-0381
trom	Account Name	: FAS-T CORP. AGENTS, INC. : 071001002335 : (305)599-0839 : (305)716-0346



### FLORIDA PROFIT CORPORATION OR P.A.

MASSEY & ASSOCIATES. OF BOCA-RATON, InC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 20, 2004

FAS-T

SUBJECT: MASSEY & ASSOCIATES, INC. REF: W04000046262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refar the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000097861.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filings Section FAX Aud. #: H04000249256 Letter Number: 904A00070531

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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## ARTICLES OF INCORPORATION

MASSEY & ASSOCIATES OF BOCA RATON, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: MASSEY & ASSOCIATES OF BOOA FATON,

The principal place of business of this corporation shall be: 4033 COCHIM CIRCLE, COCONUT CREEK, FL 33063

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHRES OF \$ 1.00 EACH

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

VH 10:

RON MASSEY 4033 COCOPLUM CIRCLE, COCONUT CREEK, FL 33063

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#### ARTICLE VI INCORPORATORIS

#### The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

ARVIND BAJINKYA 4524 GUN CLUB ROAD, # 102, WEST BALM BEACH, FL 33415

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this, 17th day of December, 2004

Signature(s) of Incorporator(s)

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#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

MASSEY & ASSOCIATES OF BOCA RATON, INC.

The name and address of the registered agent and office is:

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	(P.O	BOX NOT A	CCEPTA	BLE)		DE	j.
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORFORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATU DATE 2.1

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