

P05000104613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

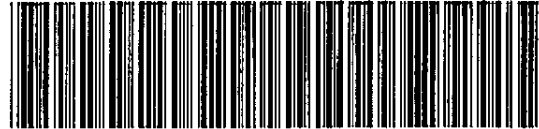
(Business Entity Name)

(Document Number)

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W0534525-

FILED

05 JUL 27 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 28 2005

TRANSMITTAL LETTER

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

SUBJECT: MC2 PARTNERS, LP Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: CARMEN HARTMAN  
Name (Printed or typed)

2999 POINT EAST DR SUITE 2305  
Address

AVENUE FL 33160  
City, State & Zip

375-333-2806  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 20, 2005

CARMEN HARTMAN  
2999 POINT EAST DR STE C305  
AVENTURA, FL 33160

SUBJECT: MC2 PARTNERS, LP CORP.  
Ref. Number: W05000034528

We have received your document for MC2 PARTNERS, LP CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the suffix LP from your corporations name.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 705A00047459

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter, .F.S (profit)

**ARTICLE I**

THE NAME OF THE CORPORATION SHALL BE :  
MC2 PARTNERS, CORP

**ARTICLE II**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS :  
2999 POINT EAST DR SUITE C 305  
AVENTURA FL 33160

**ARTICLE III**

THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS :  
FINANCE COMPANY STOCK MARKET

**ARTICLE IV**

THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS:  
1000

**ARTICLE V**

THE OFFICERS ARE:  
CARMEN HARTMAN                      PRESIDENT  
ELIZABETH HARTMAN                VICE-PRESIDENT

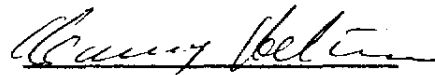
**ARTICLE VI**

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

CARMEN HARTMAN  
2999 POINT EAST DR SUITE C 305  
AVENTURA FL 33160

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSABILITIES OF REGISTERED AGENT.

REGISTERED AGENT SIGNATURE :



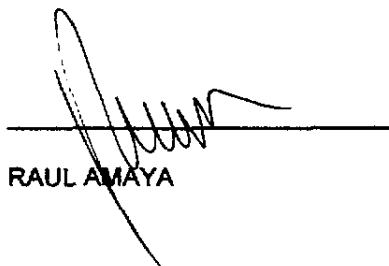
CARMEN HARTMAN

**ARTICLE VII**

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

RAUL AMAYA  
436 ORIOLE AVE  
MIAMI SPRING FL 33166

INCORPORATOR SIGNATURE :

  
RAUL AMAYA

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TALLAHASSEE, FLORIDA

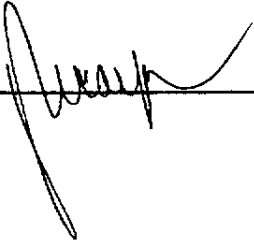
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_

Registered Agent

Date 07/25/05

  
\_\_\_\_\_

Incorporator

Date 07/25/05