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## TRANSMITTAL LETTER

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

SUBJECT:	MJM Restora (PROPOSED CORPOR	tion Inc. ATE NAME-MUSTINCE	UDE SUFFIX)	<del></del>	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	_	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED		
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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: MJM Restoration Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10353 Smyrna Dr. Orlando, FL 32817 ARTICLE III PURPOSE The purpose for which the corporation is organized is: General Business ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Manuel Montoya - President 10353 Smyrna Dr. Orlando, FL 32817 REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Manuel Montoya 10353 Smyrna Dr. Orlando, FL 32817 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Manuel Montoya 10353 Smyrna Dr. Orlando, FL 32817 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 8-1-05 Date Signature/Registered Agent

Signature/Incorperator

8 - 1 - 05 Date