

PD5000/55626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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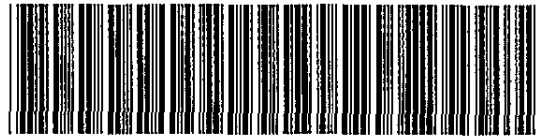
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV 23 PM 2:51

✓
MPD
11/28

TRANSMITTAL LETTER

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

SUBJECT: M A J COMMUNITY MARKET PLACE, INC.
(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: Marionel Cilly, Registered Agent
Name (Printed or typed)

6201 N. Fall Circle Dr. Suite 109
Address

Lauderhill, Florida 33319

Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

Articles of Incorporation

05 NOV 23 PM 2:51

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: M A J COMMUNITY MARKET PLACE, INC.

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Market Retail/Wholesale

FOURTH

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

NINTH

The address of the initial Registered Office of the corporation is :
6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319
and the name of it's initial Registered Agent at such address is:
Marionel Cilly

TENTH

Address of the principal place of business is:
6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
* Marionel Cilly	6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319
* Anica Marin	6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319

TWELFTH

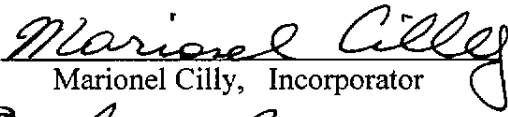
The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
* Marionel Cilly	6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319
* Anica Marin	6201 N. Fall Circle Dr. Suite 109 Lauderhill, Florida 33319

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TALLAHASSEE, FLORIDA

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Date: November 19th, 2005


Marionel Cilly, Incorporator

Anica Marin, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.


Marionel Cilly, Registered Agent