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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: MAF Services, Inc.		
(PROPOSEÐ CORPORA	TE NAME – <u>MUST INCL</u>	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	# \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
_{FROM:} Marjorie A. Franco		
Name	(Printed or typed)	
4857 N.W. 22 Street	Address	
Coconut Creek, Florida	1 33063 State & Zip	
954-903-8446 cell	elephone number	

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:

MAF Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4857 NW 22 Street, Coconut Creek, Florida 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marjorie A. Franco 4857 N.W. 22 Street Coconut Creek, Florida 33063 Director/President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marjorie A. Franco 4857 N.W. 22 Street Coconut Creek, Florida 33063

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Marjorie A. Franco 4857 N.W. 22 Street Coconut Creek, Florida 33063

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