

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

FLORIDA PROFIT/NON PROFIT CORPORATION

MASTER PLAN STRATEGISTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

ARTICLES	OF IN	CORP	ORAT	ION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

06 SEP 15 AM 10: 09

MASTER PLAN STRATEGISTS, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

21218 St. Andrews Blvd, #225 Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: Total: Authorized: 250 Million at \$0.00001 200 Millian Common at \$0,00001

50 Million Preferred at \$0.00001

INITIAL OFFICERS AND/OR DIRECTORS

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

REGISTERED AGENT

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Corporation Service Company

Address:

1201 Hays Street

Tallahassee, FL 32301

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

Corporation Service Company By: Signature/Registered Agent Corporation Service Company By: Signature/Incorporator Carina L. Dunlap

Name:

Title:

Asst. Vice President