

PO7000003958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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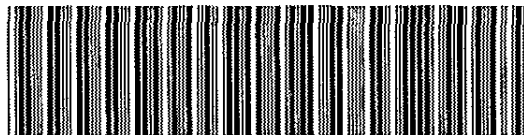
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN -9 PM 12:09

APPROVED
AND
FILED

B. McKnight JAN 10 2007

COVER LETTER

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

SUBJECT: Momi Investments, 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: Carrie Sue Shawfield
Name (Printed or typed)

1500 N. Lyons Ct.
Address

Duvaldo FL 32765
City, State & Zip

407-359-1800
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
Momi Investments, Inc.**

The undersigned, in order to form a Corporation for the purposes herein stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

**ARTICLE I
CORPORATE NAME**

The name of the Corporation is Momi Investments, Inc..

**ARTICLE II
INITIAL OFFICE AND AGENT**

The address of this Corporation's initial registered office and the name of its original registered agent whose Affidavit of Acceptance of Appointment is attached hereto, at such address are:

Carrie Sue Shawfield
1500 N. Lyons Court
Oviedo, FL 32765

**ARTICLE III
PURPOSES**

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of w other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida's Corporation Code.

**ARTICLE IV
STOCK**

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 per value stock.

**ARTICLE V
CORPORATION BY-LAWS**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN -9 PM 12:03

APPROVED
AND
FILED

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated

ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

Carrie Sue Shawfield
1500 N. Lyons Court
Oviedo, FL 32765

ARTICLE VII INCORPORATORS

The name(s) and address (es) of the Incorporator(s) are:

Carrie Sue Shawfield
1500 N. Lyons Court
Oviedo, FL 32765

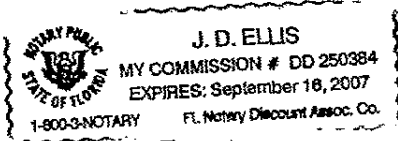
IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set
his/her/their hand this 4th day of January, 20 07.

INCORPORATORS:

Carrie Sue Shawfield
Carrie Sue Shawfield

STATE OF FLORIDA)
COUNTY OF ORANGE)

On the ____ day of JAN 04 2007, Carrie Sue Shawfield, personally appeared
before me J D ELLIS, the signer(s) of the within instrument, who duly
acknowledged to me the execution of the same.



J D Ellis
Notary Public

Residing At _____

My Commission Expires _____

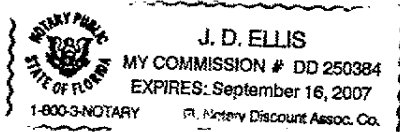
**ACCEPTANCE OF APPOINTMENT AS
REGISTERED AGENT**

I, Carrie Sue Shawfield, of 1500 N. Lyons Court Oviedo, FL 32765, accept appointment as registered agent for and on behalf of Momi Investments, Inc., Corporation and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

Carrie Sue Shawfield

Carrie Sue Shawfield, Registered Agent

Acknowledged Subscribed, sworn to and executed before me this JAN 04 2007
_____, by _____, Registered Agent of _____



J D Ellis
Notary Public

Residing At _____

My Commission Expires _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED