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COVER LETTER

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

Tallahassee, FL 32	314		
SUBJECT: MNM	1 PAINTING, INC.	FE NAME MUST INCL	TINE CHEETV
	(PROPOSED CORPORA	I E NAME – <u>MUSI INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	WAFEK ABDULBAKI		
	Name	(Printed or typed)	
	535 HIKING TRAIL		
	,A	Address	
	W. MELBOURNE, FLORID		
	City,	State & Zip	
	413 427 6890	-11	<u> </u>
	Daytime T	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:

MNM PAINTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 535 HIKING TRAIL, W. MELBOURNE, FL. 32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING AND MINOR REPAIR COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MWAFEK ABDULBAKI, 535 HIKING TRAIL, W. MELBOURNE, FL 32904, PRESIDENT MWAFEK ABDULBAKI, 535 HIKING TRAIL, W. MELBOURNE, FL 32904, TREASURER MWAFEK ABDULBAKI, 535 HIKING TRAIL, W. MELBOURNE, FL 32904, DIRECTOR

ARTICLE VI REGISTERED AGENT

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

MWAFEK ABDULBAKI, 535 HIKING TRAIL, W. MELBOURNE, FL 32904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MWAFEK ABDULBAKI, 535 HIKING TRAIL, W. MELBOURNE, FL 32904

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

Signature/Registered Agent

Signature/Incorporator

Date

OF MAZZ MI 8: 34

<u>ノーノフ- 0 フ</u> Date