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### **COVER LETTER**

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

SUBJECT: Florid	da Mutual Tax Relief &		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the artic	les 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: In	novative Management /	Associates, Inc.	
	Name (	Printed or typed)	
<u>.</u>	27555 S. Dixie Hwy		
	<sup>A</sup> Naranja, FL 33032	ddress	
-		state & Zip	
<u>.</u>	786-251-4387	lephone number	

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



#### FLORIDA DEPARTMENT OF STATE-Division of Corporations

October 30, 2007

INNOVATIVE MANAGEMENT ASSOCIATES, INC. 27555 S DIXIE HWY NARANGA, FL 33032

SUBJECT: FLORIDA MUTUAL TAX RELIEF & CO.

Ref. Number: W07000053705

We have received your document for FLORIDA MUTUAL TAX RELIEF & CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II New Filing Section

Letter Number: 607A00063555

#### 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:

Florida Mutual Tax Relief & Co., Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11420 N. Kendall Drive Suite 106 Miami, FL 33176

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

#### ARTICLE IV SHARES

The number of shares of stock is: 600

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gustavo A. Pagoaga PD 11420 N. Kendall Drive Suite 106 Miami, FL 33176

Federico A. Perdomo VPD 11420 N. Kendall Drive Suite 106 Miami, FL 33176

Hernan A. Fernandez VPDT 11420 N. Kendall Drive Suite 106 Miami, FL 33176

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Hernan A. Fernandez 11420 N. Kendall Drive Suite 106 Miami, FL 33176

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Ernesto Estrada 27555 S. Dixie Hwy Naranja, FL 33032

Signature/Incorporator

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