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COVER LETTER

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

SUBJECT: M	TI Product Gr	oup Inc.	ITAN CHIPTIA
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
E. L. J		1 6:	
Enclosed are an ong	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
	•	ADDITIONAL CO	Status PPY REQUIRED
FROM:	Miriam Turn	(Printed or typed)	
		SUIT	e
	12160 st. Andrew	Address	207
	Miramor, Flo	rida, 33025 State & Zip	
	786-232-24 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: MTI Product Group Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12160 St. Andrews Place Suite 207 Miramar, Florida 33025 The purpose for which the corporation is organized is: Wholesale
ARTICLE IV SHARES The number of shares of stock is: 1000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Miriam Turnes - President 12160 St. Andrews Place Suite 207 miramar, Florida 33025 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Miriam Turnes 12160 St. Andrews Place Suite 207 miranar Florida 33025 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Miriam Turnes 12160 St. Andrews Place Suite 207 miramar Florida 33025 ************************************
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