# PO8000001521

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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MR 1/8/08

# **COVER LETTER**

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

<sub>SUBJECT:</sub> M. B	uza & Associates, In	IC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
		<u> </u>	**	
EDOM: M	ichael Buza			
PROM. 111	Name	(Printed or typed)		
		<b>.</b>		
	215 S. Olive Avenue			
	F	Address		
	West Palm Beach, F	Florida 33401		
-		State & Zip	<del></del>	
	(561) 282-7071			
Daytime Telephone 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:

M. Buza & Associates, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 215 S. Olive Avenue Suite 400 West Palm Beach, Florida 33401

West Failt beach, Honda 554

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a lawful business.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Buza 205 Greymon Drive West Palm Beach, FL 33405 President, Secretary, Treasurer