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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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08 JUN 12 PM 2: 39
SECRETARY OF STATE



# **COVER LETTER**

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

SUBJECT: POSTA	MASTERS USA INC.		
	ginal and one (1) copy of the artic		· ·
☑ \$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
FROM: Fo	orrest Sygman, P.A. Name (	Printed or typed)	
	8603 S. Dixie Highway, Suite 303	Address (	
	Miami, Florida 33143 City,	State & Zip	
	(305) 661-8955 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)

# 08 JUN 12 PM 2:39 SECRETARY OF STATE FALLAHASSEE, FLORID.

### ARTICLE I NAME

The name of the corporation shall be:

Postmasters USA, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8953 NW 23 Street Miami, Florida 33172

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

### ARTICLE VI REGISTERED AGENT

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

Forrest Sygman, P.A. 8603 South Dixie Highway, Suite 303 Miami, Florida 33143

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Forrest Sygman, P.A.

8603 South Dixie Highway, Suite 303 Miami, Florida 33143