## P080000983596

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| ,                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



900134806619

08/25/08--01030--008 \*\*78.75

SECULIAR SEPTION SERVICE DE LA SECULIAR DESCRICAR DE LA SECULIAR DESECULIAR DE LA SECULIAR DE LA



## **COVER LETTER**

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

| SUBJECT:                 |                                   |                             |                  |  |
|--------------------------|-----------------------------------|-----------------------------|------------------|--|
|                          | (PROPOSED CORPOR                  | ATE NAME – MUST INC         | LUDE SUFFIX)     |  |
|                          |                                   |                             |                  |  |
|                          |                                   |                             |                  |  |
|                          |                                   | ,                           |                  |  |
| Enclosed are an original | ginal and one (1) copy of the art | ticles of incorporation and | a check for:     |  |
| ГП                       | Ass.                              |                             |                  |  |
| \$70.00                  | <b>2</b> \$78.75                  | \$78.75                     | <b>\$87.50</b>   |  |
| Filing Fee               | Filing Fee                        | Filing Fee                  | Filing Fee,      |  |
|                          | & Certificate of Status           | & Certified Copy            | Certified Copy   |  |
|                          |                                   | j                           | & Certificate of |  |
|                          |                                   | ADDITIONAL CO               | Status           |  |
|                          |                                   | ADDITIONAL COPY REQUIRED    |                  |  |
|                          |                                   |                             | <del>-</del>     |  |
|                          |                                   |                             |                  |  |
|                          | Dans                              | Rayes                       |                  |  |
| FROM:                    | <u> </u>                          | reyes                       |                  |  |
|                          | Name (Printed or typed)           |                             |                  |  |
|                          | E025                              | Dal-a                       | رم               |  |
|                          | 5035 Palm ave                     |                             |                  |  |
|                          |                                   | Address                     |                  |  |
|                          | 1111                              |                             | 2                |  |
|                          | Hialeah, Fl 33012                 |                             |                  |  |
|                          | City                              | y, State & Zip              |                  |  |
|                          | 305 8                             | $\Omega$                    |                  |  |
|                          | 200- 00                           | 72-0669                     |                  |  |
| Daytime Telephone number |                                   |                             |                  |  |



August 26, 2008

RAMON REYES 5035 PALM AVE HIALEAH, FL 33012

SUBJECT: M2 TECHNOLOGY SOURCES

Ref. Number: W08000039730

We have received your document for M2 TECHNOLOGY SOURCES and your check(s) totaling \$78.75. 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.

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) 245-6052.

Letter Number: 008A00047463

Paisley A Alford Clerk New Filing Section

| 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:   |  |
| M2 Technology Sources, Inc  |  |
| ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  2950 W SYST BAY 10 | ************************************** |
| Halah El 33018  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:                         | FI<br>08 SEP<br>MILANASS               |
| Any and all lawfull Business  | FILED<br>FILED<br>FARTORS              |
| ARTICLE IV SHARES The number of shares of stock is:   | 99 17                                  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):                        |  |
| President: Zvonimir Mileta  |  |
| VP/s: Tamara Melgar   |  |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered ag     | ent is:                                |
| ZVONIMIT MILETO<br>ZOSO. W 8U S+ BOYLO<br>Hickeon, FI 33018<br>ARTICLE VII INCORPORATOR                             |  |
| The <u>name and address</u> of the Incorporator is:  2 VONIMIT MILETA  29.50 W. 845+ Bay 10  Historican, F1 33018   |  |
| 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 ca          | 5   0 8                                |
| Signature/Registered Agent  | Date 5                                 |
| Signature/Incorporator 97   | Date                                   |