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P	FILING	Articles	
1.	Maftam Corporate NAME AND DOCUMENT	r poration	
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SPECIAI	L INSTRUCTIONS:		

CERTIFICATE OF INCORPORATION

<u>OF</u>

MAFTAM CORPORATION

A FLORIDA-FOR- PROFIT CORPORATION

08 OCT 31 AM 11: 52 SECRETARY OF STATE



The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the Corporation shall be: Maftam Corporation here in after refereed to as the "Corporation"

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal office of the Corporation and the mailing address are 5845 NW 194 Street, Miami, Florida 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to do any business under the law

ARTICLE IV DURATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law.

ARTICLE V SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

10,000 shares (\$1.00 par value share)

ARTICLE VI REGISTERED OFFICE AND AGENT

The Corporation's initial registered agent and street address are Richard Nzeribe 160 NW 176 Street, Suite 200-4, Miami, Florida 33169

ARTICLE VII INITIAL OFFICERS

The initial officers of the Corporation are:

Michael D. Wilson Theresa Wilson President Vice President

ARTICLE VIII INITIAL INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Richard Nzeribe 160 NW 176 Street, Suite 200-4 Miami, Florida 33169

Signature/Incorporator

Date Date

-Acceptance of Agent-

ACKNOWLEDGMENT:

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

SECREDARY OF STATE

FLED