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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to I	Filing Officer		
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

T. Burch UEL 30 ZUNG

COVER LETTER

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

SUBJECT: MAKEF	R CASH CORP (PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$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 PY REQUIRED
FROM: CA	ARLOS M SANCHEZ Name	(Printed or typed)	
	1200 BRICKELL BAY DR SUITE	E 24-10 Address	
	MIAMI FL 33131	, State & Zip	
	786-2180310 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:

MAKER CASH CORP

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1200 BRICKELL BAY DR SUITE 24-10

MIAMI FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ATM SERVICES

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): CARLOS M SANCHEZ - PRESIDENT 1200 BRICKELL BAY DR SUITE 24-10 MIAMI FL 33131

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: CARLOS M SANCHEZ

1200 BRICKELL BAY DR SUITE 24-10 MIAMI FL 33131

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CARLOS M SANCHEZ 1200 BRICKELL BAY DR SUITE 24-10 MIAMI FL 33131

Signature/Incorporator

*************	***********		
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			
θ and	n Dec O2		

SECULIARY OF STATE

Date

DO DEC 29 PM /.