# P0900067380

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

Office Use Only

2344 W09→35895



500159187615

08/06/09--01022--018 \*\*78.75

TO ACKNOWLEDGE SUFFICIENCY OF FILING 2009 AUG -6 AH II: 16

KLCEIVED
DEPARTMENT OF STATE
PAYISION OF CORPORATION

2009 AUG 10 AM Q. E

8/11/09

### LAZARUS CORPORATE FILING SERVICE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 AUG 10 AM 9: 51

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

•		
CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):	y
M. AS TRADIN (Corporation Name)	19 INCORPORA (Document #)	TED
(Corporation Name)	(Document #)	<del></del>
(Corporation Name)	(Document #)	
Walk iii	(Document #)  2 : 06 Certifi	ied Copy
Mail out  Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/I Change of Registered Agent Dissolution/Withdrawal Merger	icate of Status  Director
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICA  Foreign Limited Partnership Reinstatement Trademark Other	TION
	Examin	er's Initials

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2009

#### LAZARUS CORPORATE FILING SERVICE

SUBJECT: M.AS TRADING INCORPORATED

Ref. Number: W09000035895



We have received your document for M.AS TRADING INCORPORATED 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 009A00027061

SECRETARY OF STATE DIVISION OF CORPORATIONS

## SECRETARY OF STATE DIVISION OF CORPORATIONS 2009 AUG 10 AM 9:51

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

MASAA TRADING CORPORATION

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

177 Ocean LANE DRIVE SUIT 207 MIAMI FL 33149

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS** 

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

ADRIANATIONEZ 17) OceanLANE DRIVE SUITE 207 MAMI FL. 33149

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:  ADRIANA KLOREZ,  ATTOCKOM LANE DEVE SUIT 207  MIAN, FL. 33149		
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF SIGNATURE	2009 AUG 1	FI SECRETAR DIVISION OF
ARTICLE VI - DIRECTOR(S)  THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):  ADRIANA FLOREZ	0 AM 9:51	LED RY OF STATE CORPORATION:

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE