Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	il	Address:

FLORIDA PROFIT/NON PROFIT CORPORATIO

M & B MANAGEMENT SERVICES INC.

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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:

M & B MANAGEMENT SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1139 INDEPENDENCE TRAIL UNIT D HOMESTEAD, FLORIDA 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT, SECRETARY
JONATHAN MCINTYRE
1139 INDEPENDENCE TRAIL UNIT D
HOMESTEAD, FLORIDA 33034

VICE-PRESIDENT, TREASURER
MATTIE MCINTYRE
1139 INDEPENDENCE TRAIL UNIT D
HOMESTEAD, FLORIDA 33034

THE BOX OF STATES

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JONATHAN MCINTYRE

1139 INDEPENDENCE TRAIL UNIT D
HOMESTEAD, FLORIDA 33034

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

JONATHAN MCINTYRE
1139 INDEPENDENCE TRAIL UNIT D
HOMESTEAD, FLORIDA 33034

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.

JONATHAN MCINTYRE / Registered Agent

12-3-09

IDNATHAN MCINTYRE / Incorporator

12-3-09

Date