## P11000038987

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(Requestor's Name)							
(Ad	dress)						
(Address)							
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	y/State/Zip/Phon	e #)					
		MAIL					
(Bu:	siness Entity Nar	ne)					
(Dod	cument Number)						
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Certified Copies	Catificator	of Status					
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Special Instructions to F	Filing Officer:						
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Office Use Only

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## **COVER LETTER**

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

Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
2499 Elad Boca Rat City, 561 - 417 Daytime T HMESSIN	T Messing (Printed or typed) les Road # 206 Address - 3685 elephone number - 3685 - 3
NOTE: Please provide the or	riginal and one copy of the articles.

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	In com	pliance with Chapter		er 621, F.S. (Profit)	
ARTICLE I N The name of the corpo	IAME oration shall be:	Messin	ig Fin	ancial,	Inc.
2	Principal of Principal stree 499 6 49 6 6 8 84 3343	<u>taddress</u> des Road on, EL	~	Mailing addres	
ARTICLE III PI The purpose for which Sto	ch the corporation	is organized is: HERAGA	2		
ARTICLE IV S The number of shares	HARES of stock is: / C	000			
ARTICLE V II Name and Title Address:	Herbert 2499 GI	ades Rova Raton, F	A # 20 Address		
Name and Title Address:	):		Name a Address		
Name and Title Address:			Address	nd Title: ::	
ARTICLE VI R. The name and Florid Name: Address:	la street address ( HCRDC) 2499		199	-	PR 21 PH 2: METARY OF ST AHASSEE. FLS
ARTICLE VII 11 The name and addre Name: Address:	Herber 2499 G	toris: 27 MESS Igdes Rog	119 2 # 20 33431	6	
				bove stated corporation nt and agree to act in t	n at the place designated in this capacity
	Required Sig	mature/Registered Af	gent		<u>4/19/11</u> Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document of the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Required Signature/Ipcorporator