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COVER LETTER

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

SUBJECT: MELMARKS ENTERPRISES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MORRIS ENGELBERG, ESQUIRE Name (Printed or typed) 4040 Sheridan Street Address Hollywood, Florida 33021 City, State & Zip <u>954-966-3900</u> Daytime Telephone number morris engelberg@bellsouth.net E-mail address: (to be used for future annual report notification)

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)

The name of the corp	MELMARKS ENT oration shall be:	ERPRISES, INC.	
17	PRINCIPAL OFFICE Principal street address 906 Aberdeen Way ca Baton, Florida 33496		
ARTICLE III PO	URPOSE ch the corporation is organized is:		
Any purpose	permitted by law.		
The number of shares ARTICLE V II	HARES of stock is: 1,000 shares of commonities of c	otor Name and Title:Address:	•
Name and Title Address:		Name and Title:Address:	
Name and Title Address:	:	Name and Title:Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable Morris Engeberg, Esquire 4040 Sheridan Street Hollywood, Florida 33021		THAY 27 F
	vcorporator ss of the Incorporator is: Mel Marks 17906 Aberdeen Way Book Raton, Florida 33496		PH 1: 06
Having been named this certificate, Lam for the MORR IS ENGEL BI	as registered agent to accept service of produmition with and accept the appointment as a	cess for the above stated corporegistered agent and agree to ac	ration at the place designated in at this capacity 05/ 26/2011 Date
I submit this docume	nt and affirm that the facts stated herein a riment of State constitutes a third degree fel Required Signature/Incorporator		