P1(00)(232)

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

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COVER LETTER

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

SUBJECT: M2NS Corporation		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a	check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM: Montgomery Roach		
Name	(Printed or typed)	
990 Biscayne Blvd., Unit	1503	
	Address	
Miami, Florida 33132	N 6 71	
City,	State & Zip	
704-557-6631	elephone number	· · · · · · · · · · · · · · · · · · ·
Daytime 1	etephone number	
mroach@m2ns.com E-mail address: (to be use	d for future annual report not	ification)
= (

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)

In compliance with Chapter	607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: M2NS Corporation	on DIVISION OF CORPORATIONS
ARTICLE II PRINCIPAL OFFICE	11 JUN -2 AM 10: 59
Principal street address	Mailing address, if different is:
990 Biscayne Blvd., Unit 1503	Mailing address, it different is.
Miami, Florida 33132	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Any purpose or purposes under Florida law	for which for-profit corporations may incorporate.
ARTICLE IV SHARES	
The number of shares of stock is: Five Hundred (500)	•
The number of singles of suck is.	
ARTICLE V INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>
Name and Title: Montgomery Roach, Preside	Name and Title: Montgomery Roach, Director
Address: 990 Biscavne Blvd., Unit 150	Address: 990 Biscayne Blvd., Unit 1503
Miami, Florida 33132	
	Name and Title:
Address: 990 Biscayne Blvd., Unit 150	Address:
Miami, Florida 33132	
••••••••••••••••••••••••••••••••••••••	
Name and Title Montenance Doorb. Transcer	An Managard Titles
	er Name and Title:
Address: 990 Biscayne Blvd, Unit 150	
Miami, Florida 33132	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accept	stable) of the registered agent is:
Name: Montgomery Roach	
Address: 990 Biscayne Blvd, Unit 15	503
Miami, Florida 33132	
4551615 THE THEODON 4505	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Montgomery Roach	
Address: 990 Biscayne Blvd. Unit 15	D3
Miami, Flórida 33132	
Having hear named as registered agent to account farring a	f process for the above stated corporation at the place designated in
this oertificate, I amfamiliar with and accept the appointmen	nt as registered agent and agree to act in this canacity
	or all regarded agents area agree to account the beauty
	C-31-7011
	$\frac{5-3/-2011}{\text{Date}}$
Required Signature/Registered Ag	gent Date
I submit this document and affirm that the Mets stated be	rein are frue. I am aware that the false information submitted in a
document to the Department of State constitutes a third degr	
The state of the s	
	5-31-2011
Required Signature/Incorporate	Date
- Required Signature/Hittipolati	J. Date