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COVER LETTER

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

SUBJECT: MEMPHIS SOUTH FLORIDA MANAGEMENT, 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 Filing Fee

Filing Fee & Certificate of Status

\$78.75

~ /	
* 38 78.75	\$87.50
Filing Fee	\$87.50 Filing Fee,
& Certified Copy	Certified Copy
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	Status
ADDITIONAL C	OPY REQUIRED

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FROM: RICHARD N. KRINZMAN,, ESQ Name (Printed or typed)

800 Brickelll Avenue Suite 1501

Address

Miami, Florida 33131

City, State & Zip

(305) 854-9700

Daytime Telephone number

rnk@khllaw.com 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)

ARTICLE I	NAME	MEMPHIS SOUTH FLORIDA MANAGEMENT, INC.	
The name of the	comoration abo		

<u>ARTICLE II</u>	PRINCIPAL OFFICE Principal <u>street</u> address c/o The Company Real Estate 350 Sevilla Ave #103 Coral Gables, Florida 33134		Mailing address, if different is:				
ANY AND A	PURPOSE which the corporation is organized is: NLL LAWFUL BUSINESS	(100)				2011 AUG - 3 AM 11: 5	DIVISION OF CORPORATION
ARTICLE V Name and Address:	INITIAL OFFICERS AND/OR DIREC Title:MAGDI BISSADA - President c/o The Company Real Estate 350 Sevilla Avenue #103 Coral Gables, FI 33134	Name Addre	:\$\$: _ -				
Name and Address:	Title: PAULINE BESSADA - Secretar c/o The Company Real Estate 350 Sevilla Avenue #103 Coral Gables, FI 33134	Addre	ess: _ -			··· ····-	
Name and Address:	Title:	Name Addre 	and Title: ss: -				
ARTICLE VI	REGISTERED AGENT		_				
	lorida street address (P.O. Box NOT acceptabl	e) of the regis	stered agen	t is:			
Name: Address:	Richard N. Krinzman, Esq 800 Brickell Avenue Suite 150 Miami, Florida 33131	1	_				
	INCORPORATOR Idress of the Incorporator is: Richard N. Krinzman, Esq. 800 Brickell Avenue Suite 1501 Miami, Florida 33131	 					
Having been nat	med as registered agent to accept service of pr am familiar with and accept the appointment as	ocess for the	above stat	ed corpora	ution at the p	lace desig	gnated in
		- A	a	gree to utr		./ <i>w</i>	
	Required Signature/Registered Agent		7		<i>0</i> /	Date	
I submit this doc document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f Required Signature/Incorporator	are true. I d elony as prov	nm aware i ided for in	that the fa s.817.155,	lse informati F.S.	on submi	itted in a
	~ /	ι	/				