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SECRETARY OF STATE



COVER LETTER

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

SUBJECT: ADMINISTRATIVE MANAGEMENT, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: <u>JULIAN FURBUR : LOU</u> Name	JVET (Printed or typed)	
c/o 8694 ESCONDIDO	OWAY EAST	
BOCA RATON, FLA [33433] City, State & Zip		
561 809 7759 Daytime Te	elephone number	
JULIANLOUVET@GMAIL.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be:	MANAGEMENT, INC
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
c/o 8694 ESCONDIDO WAY EAST	P.O. BOX 88067
BOCA BATON, FLA [33433]	BOCA RATON, FLA 33488
ARTICLE III PURPOSE	÷
The purpose for which the corporation is organized is:	
DÖCÜMENT PREPARATION AND ADMINIS	TRATIVE SERVICES
ARTICLE IV SHARES The number of shares of stock is: 100	CTORS SIDENT Name and Title: FAST Address:
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTOPS TO
Name and Title: JULIAN FURBUR: LOUVET/ PRES Address: C/O 8694 ESCONDIDO WAY BOCA RATON, FLA [33433	LAGI Mulicis.
Name and Title	Name and Title:
Address:	Address:
N. LTM	Name and Tide.
Address:	Name and Title: Address:
/\ddicss.	
ADDICE BUILD BROKEBBRR ACRES	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepts	able) of the registered arout is:
Name: JULIAN FURBUR : LOUVI	FT
Address: 8694 ESCONDIDO WAY	
BOCA RATON, FLA (334)	
ARTICLE VII INCORPORATOR	-
The name and address of the Incorporator is:	
Name: JULIAN FURBUR: LOUVE	- T
Address: c/o 8694 ESCONDIDO WAY	
BOCA RATON, FLA. [334	.331/
Having been named as registered agent to decept service of this certificate, I am familiar with and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
	9/12/2011
Required Signature/Registers Age	
I submit this document and affirm that the facts stated ver document to the Department of State constitutes a third descri	ein are true. I am aware that the false information submitted in a relative provided for in s.817.155, F.S.
	0/19/9011
Required Signature/Incorporato	9/12/2011 Date
required bighature incorporator	