(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:		

Office Use Only



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09/22/11--01021--011 **96.25

M SEP 22 AH II: 28





COVER LETTER

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

SUBJECT: MBA Managen (PROPOSED CORPORA)	
Please make effective do	te 9-20-11 y'lun Lores
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status
	Plus additional \$8.75 For Certificate of
FROM: Y'Isiah L	Status Ope S (Printed or typed)
346 S. Ra	nger Blud
Winter Park	FL 32792 State & Zip
(321) 208	elephone number
<u> Visiantor</u>	es & Jahoo-Com

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	M. Team loss
The name of the corporation shall be:	+ Monagement Team, Inc. 20-11 44 Leuse make effective date 9-20-11 44
ARTICLE II PRINCIPAL OFFICE	East Wate Ellection much
Principal street address	Mailing address, if different is: 346 S. Ranger Blud Winter Park, 1-2 32792
ARTICLE III PURPOSE The purpose for which the corporation is organize Any and All Law Foil Busine	dis: is Providing Quality Service
ARTICLE IV SHARES The number of shares of stock is: 000	
Name and Title: 7'Tsian Lopes Address: 346 S. Ranger Luinter Park F	CEO Name and Title:
	Name and Title: Address:
Name and Title:Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N Name: Address: Address: Winter Par	25
RTICLE VII INCORPORATOR	The state of the s
he name and address of the Incorporator is: Name: Address: Address: Name: Address: Address:	S
	service of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity $9/15/1/$
Required Signature/Regi	stered Agent Date
	tated herein are true. I am aware that the false information submitted in a sird degree felony as provided for in s.817.155, F.S.

Required Signature Incorporator Please make effective date q-20-119/X