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SECRETARY OF STATE OLVISION OF CORPORATION:
11 DEC -5 PM 12: 52

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COVER LETTER

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

SUBJECT: MCDONAL	PAEVAL INC RATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the a	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: MCDONALD PREVAL	me (Printed or typed)
91 NE 69TH ST	Address
MIAMI, FLORIDA 331	y, State & Zip
305 467-2067 Daytime	Telephone number
MIC33138@GMAIL.CC E-mail address: (to be us	OM sed 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) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLE I NAME MCDONALD PREVAL INC. The name of the corporation shall be: 11 DEC -5 PM 12: 53 PRINCIPAL OFFICE ARTICLE II Principal street address Mailing address, if different is: 91 NE 69TH ST. P.O. BOX 380533 MIAMI, FLORIDA 33138 MIAMI, FLORIDA 33238 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO BECOME A FORIEGN CORP. AS A INDIVIDUAL AND FOR COMMUNITY DEVELOPMENT ARTICLE IV SHARES The number of shares of stock is: 1,000,000, PLUS INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MCDONALD PREVAL (SOLE OWNER) Name and Title: Address: 91 NE 69TH ST. Address: MIAMI, FLORIDA 33138 Name and Title:______ Name and Title:_____ Address: Address: Name and Title:______ Name and Title:_ Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MCDONALD PREVAL Name: Address: 91 NF 69TH ST MIAMI, FLORIDA 33138 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MCDONALD PREVAL Name: Address: 91 NF 69TH ST MIAMI.FLORIDA 33138 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator