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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 10 2012

COVER LETTER

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

SUBJECT: MASLA Consulting 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
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Miguel A Suarez III
Name (Printed or typed)

281 Island Dr
Address

Key Biscayne, FL 33149
City, State & Zip

786.277.7358
Daytime Telephone number

SWAHILIMAS@hotmail.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

The name of the corporation shall be: MASLA Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

281 ISLAND DR.
KEY BISCAYNE, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS CONSULTING AND SALES OF SERVICES
INCLUDING BROKERING BUSINESS DEALS B/W COMPANIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel A. Suarez Pres. Name and Title: _____
Address: _____ Address: _____

281 ISLAND DR.
KEY BISCAYNE, FL 33149

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Miguel A. Suarez
Address: 281 ISLAND DR.
KEY BISCAYNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miguel A. Suarez
Address: 281 ISLAND DR.
KEY BISCAYNE, FL 33149

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

1.6.12
Date

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

1.6.12
Date

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