

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : M & G ENTERPRISES GROUP CORP.

Account Number : I20110000078 : (305)222-1960 Phone Fax Number : (800)764-6092

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION **FUZION OPTICAL & LABORATORY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

(HI20001328763)

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

SUBJECT: FUZION OPTICAL & LABORATORY 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 \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee. Centified Copy & Certificate o Status ' REQUIRED
FROM: MG MERCHANT SERV ION Name	CES (Printed or typed)	
4021 SW 96 AVE	Address	
MIAMI, FLORIDA 33169 City.	5 State & Zip	
305-222-1960 Daytime T	elephone number	
CONTACT@MGMERCH E-mail address: (to be used	IANTSERVICES.CO	OM fication)

NOTE: Please provide the original and one copy of the articles.

(HI20001328763)

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(HI20001324763)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II	PRINCIPAL OFFICE	× 4 112	16 1000
7	Principal <u>street</u> address 445 SW 19 TERR	Mailing	address, if different is:
N	MAMI, FLORIDA 33155		
-			
RTICLE	PURPOSE		
he nurpose for w	high the corporation is organized is:		TAS.
ANY AND AL	L LAWFUL BUSINESS		EC 72
			AR AR
			S Z
			7 SEE
RTICLE IV	SHARES		- PH
he number of shar	es of stock is:100		
RTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	<u> </u>
Name and Ti Address:	tie: ANGEL M HERNANDEZ . OPT 7445 SW 19 TERR	ICIAN Name and Title: Address:	
Address.	MIAMI, FLORIDA 33155		
			
Name and Ti	tle:	Name and Title:	
Address:			
Name and Fi	tle:	Name and Title: Address:	
	REGISTERED AGENT		
he <u>name and Flor</u> Name:	rida street address (P.O. Box NOT accepta ANGEL M HERNANDEZ	ble) of the registered agent is:	
Address:	7445 SW 19 TERR		
	MIAMI, FLORIDA 33155		
	INCORPORATOR		
he <u>naπιe and add</u> Name:	ress of the Incorporator is: MG MERCHANT SERVICES		
Name: Address:	4021 SW 96 AVE		
į	MIAMI, FLORIDA 33165		
aving been notne	d us registered agent to accept service of p	racess far the above stated even	matian at the place design as
is certificates I an	Samillar with and accept the appointment	as registered agent and agree to a	oration at the place aesignated ict in this capacity
	~ 11		· · · · ·
	Basser 4 Signatur 4 Signatur	*************************************	5/16/2012
	Required Signature/Registered Agen		Date
ubmit this docum	ient and affirm that the facts stated herei partment of State constitutes a third depres	n are true. I am aware that the	false information submitted to
coment to the Dep	partment of State constitutes a third degree	felony as provided for in s.817.1:	55, F.S.
	(NV LW LS		5/16/2012
	Pagis de Company		Date
	Required Signature/Decorporator		Date