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(Re	equestor's Name)				
(Ac	idress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):		
1. MAKDA,	CORPORATION		
(Corporation Name)	(Document#)		
2. (Corporation Name)	(Document #)		
2			
(Corporation Name)	(Document #)	•	
4. (Corporation Name)	(Document #)	•	
Walk in Pick up time	2.00 Certified Copy		
Mail out Will wait	Photocopy		
NEW FILINGS	<u>AMENDMENTS</u>		<u></u>
Profit	Amendment	12 00	VISIO
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	-5	
Domestication Other	Dissolution/Withdrawal, Merger		1880 1880 1880 1880 1880 1880 1880 1880
OTHER FILINGS	REGISTRATION/QUALIFICATION	7:47	STATE
Annual Report Fictitious Name	Foreign Limited Partnership	ž	ž
· · · · · · · · · · · · · · · · · · ·	Reinstatement Trademark		
	Other		
• •	 		

ARTICLES OF INCORPORATION

•	In compliance with Cha	pter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY OF STA
	NAME corporation shall be:	MAKDA , CORPORATION	TIVISION OF CORPORA
The name of the C	corporation shall be.		12 OCT -5 AM 7: 0
	PRINCIPAL OFFICE Principal street address 6942 NW 112TH AVENUE DORAL, FLORIDA 33178	<u> </u>	ress, if different is:
ARTICLE III			
The purpose for	which the corporation is organized is:		
FOR ANY L	AWFULL PURPOSE		•
ARTICLE IV	SHARES		
	ares of stock is: 600 shares comr	non stock \$1.00 par value	
ARTICLE V	INITIAL OFFICERS AND/OR I	DIRECTORS	•
		RIE Name and Title:	
Address:	6942 NW 112TH AVEN	NUE Address:	
	DORAL, FLORIDA 33	178	
37. 10	T1*, \$	N. 1.00%.1	
Name and I	litle:	Name and Title:	
Address:			
			
Name and T	Γitle:	Name and Title:	
Address:			
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT a	ccentable) of the registered agent is:	
Name:	DAVID NICOLAS CLERI		
Address:	6942 NW 112TH AVEN		
	DORAL,, FLORIDA 33		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	Idress of the Incorporator is:		
Name:	DAVIE NICOLAS CLER	RIE	
Address:	6942 NW 112TH AVENU		
	DORAL, FLORIDA 331	.78	
Having been nan	ned as registered agent to accept service	ce of process for the above stated corpora	tion at the place designated in
his certificate, I a	ım fapillar with and accept the appoin	tment as registered agent and agree to act i	n this capacity
K)			
	41		October 3,2012
177	Required Signature/Registered	1 A cent	Data

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

October 3, 2012 Date