

COVER LETTER

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

SUBJECT: MAF96 PROPERTIES 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: DORIS FREYRE

Name (Printed or typed)

7533 TWELVE OAKS BLVD.

Address

TAMPA, FL 33634

City, State & Zip

813 735-7314

Daytime Telephone number

maf96properties@gmail.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: MAF96 PROPERTIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
7533 TWELVE OAKS BLVD
TAMPA, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROPERTY INVESTMENTS AND MANAGEMENT AND OTHER LEGAL BUSINESS ACTIVIES.

FILED
13 JAN 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DORIS FREYRE</u>	Name and Title:	<u>PRESIDENT</u>
Address	<u>7533 TWELVE OAK BLVD</u> <u>TAMPA, FL 33634</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(cont.)

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: Doris Freyre
 Address: 7533 Twelve Oaks Blvd.
Tampa, FL 33634

FILED
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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris Freyre
 Address: 7533 Twelve Oaks Blvd.
Tampa, FL 33634

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

Doris Freyre
 Required Signature/Registered Agent

1/18/13.
 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.

Doris Freyre
 Required Signature/Incorporator

1/18/13.
 Date