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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6361

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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

Email Address: \_\_\_\_\_

RECEIVED  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
MFA HOLDINGS CORP.

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF INCORPORATION**

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

14 FEB -4 PM 2: 03

**ARTICLE I NAME**

The name of the corporation shall be:

**MFA HOLDINGS CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4610 Eagle Fall Place**

**Tampa, Florida 33619**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**any lawful activity.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1,000,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Allan Marshall, Pres., Director**

Name and Title: \_\_\_\_\_

Address

**4610 Eagle Fall Place**

Address: \_\_\_\_\_

**Tampa, FL 33619**

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: Vcorp Services, LLC  
Address: 5011 South State Street Road 7, Suite 108  
Davie, FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Allan Marshall  
Address: 4610 Eagle Fall Place  
Tampa, FL 33619

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]  
Required Signature/Registered Agent

2/4/14  
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.817.133, F.S.

[Signature]  
Required Signature/Incorporator

February 3, 2014  
Date

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