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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : AFFORDABLE PROFESSIONAL SERVICES, INC.  
Account Number : I20000000264  
Phone : (954) 565-9929  
Fax Number : (954) 565-1347

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

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

It's A Mid Mod Mad World, Inc.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the Corporation shall be:

**IT'S A MID MOD MAD WORLD, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**12880 GRIFFING BOULEVARD  
NORTH MIAMI, FL 33161**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**to transact or engage in any or all activities or business permitted under the laws of the United States of America and the state of Florida.**

**ARTICLE IV CAPITAL STOCK**

The number of shares that this corporation is authorized to have outstanding at any one time is :  
**10,000 shares, of no par value, which shall be designated as "Common Shares."**

**ARTICLE V DIRECTORS**

The number of directors constituting the initial board of directors is TWO ( 2 ). The number of directors may be either increased or decreased from time to time according to the bylaws, but shall never be less than one ( 1 ). The name and address of the person or persons who are to serve as director(s) until the first annual meeting of the shareholders or until their successors are elected and qualified are:

**CYNTHIA G. LUSCHEN  
12880 GRIFFING BOULEVARD  
NORTH MIAMI, FL 33161**

**FLAVIA MICHELE-LONG  
5010 SW 29TH AVENUE  
FORT LAUDERDALE, FL 33312**

**ARTICLE VI DURATION**

The corporation shall have perpetual existence commencing on the date of this filing of these Articles of Incorporation with the Florida Department of State.

**ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

**STEPHEN D. MCCULLOUGH, CLA  
2702 A WEST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33311**

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**ARTICLE VIII INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

STEPHEN D. MCCULLOUGH, CLA  
2702 A WEST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33311

**ARTICLE IX BY LAWS**

The power to adopt, alter, amend or repeal the By Laws of the corporation is vested in the Board of Directors.

**ARTICLE X POWERS**

This corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.

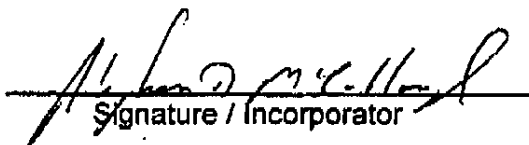
**ARTICLE XI INDEMNIFICATION**

This corporation shall indemnify any officer or director, or former officer or director, to the full extent permitted by law.

**ARTICLE XII AMENDMENT**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation. Articles may be amended at any time by a majority vote of the shareholders.

IN WITNESS WHEREOF, the undersigned subscriber has executed these  
Articles of Incorporation on this 25 day of April, 2014.

  
Signature / Incorporator

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SECRETARY OF STATE  
ALLAHABAD FLORIDA

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature / Registered Agent

  
Date

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