MUW55067

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
	cument Number)			
	oumone rumber,			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700261532577

700261532577 06/23/14--01052--014 **/8.75

OLASSIAN OF PERSONS TO 11



COVER LETTER

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

SUBJECT:		NEK MA.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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			
		ADDITIONAL CO	Status DPY REQUIRED			
FROM:	MARIA SA Name	NGSTER (Printed or typed)				
6797 WILLOW CLOOD DE #6036						
BOCA RATON, FL. 33434 City, State & Zip						
	954-261- Daytime T	elephone number				
		Parall. C				

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 NA The name of the corpor	ME ration shall be: MACIA SA	INGSTER P.A.
ARTICLE II PR		Mailing address, if different is:
6797 6	VILLOW WOOD	6600 PEMBROWE RD
DE #60	36 BOCA	PEMBROKE PINS
	2.33434	Fe. 33028
ARTICLE III PUT The purpose for which	the corporation is organized is:	
TO EN	GAGE IN BERL	VICE AS A BEAL
ESTATE	AGENT TO TH	UE AGNERAL
Public	, correccial	RESTORNITAL
	,	
		S
ARTICLE IV SH		
The number of shares o	I stock is:	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>
Name and Tit	ie: MARIA SANGSTER	Name and Title: PRES. SEC. TRES./D
Address	6797 WILLOW	•
	wood be. 6036	
	BOCA EATON	
	FL. 33434	
Name and Title	e:	Name and Title:
Address		Address:
Name and Title	e;	Name and Title:
Address		
Address		. radious.

Name and Title:		Name and Title:	
Address		Address:	
			
	ERED AGENT address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name: MCI	HAELO. ALBEE	TING ES	au.
Address:	S. POWERLY	UE ROS	Truite 103
Dee	PRFIGLD BEA	CH, te.	33442
ARTICLE VII INCORPO	<u>)RATOR</u>		
The name and address of the	Incorporator is:		
	HRIA SANGSTE		
Address:	7917 WILLOU	< wood	٥
D	= 6036 B00	A RATO	$\boldsymbol{\omega}$
/ P	- 33/134		
Having been named as registed this contificate I am familiar v	ered agent to accept service of proc vith and accept the appointment as	ess for the above sta registered agent and	ted corporation at the place designated in
,ms congresses, am juminar			6-16-14
Re	guired Signature/Registered Agent	<u>-</u> _	Date
I submit this document and a document to the Department of	ffirm that the facts stated herein a f State constitutes a third degree fe	re true. I am aware lony as provided for t	that the false information submitted in a in s.817.155, F.S.
1.0	W		6-16-14
R	equired Signature/Incorporator		Date