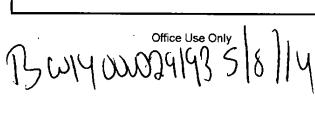
## P14000069675

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Special Instructions to	Filing Officer:			



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2014

MAURICI LUZ 506 LAKE AVE LAKEWORTH, FL 33460

SUBJECT: M.L. INTERNATIONAL REPRESENATIVE CORP

Ref. Number: W14000029193

We have received your document for M.L. INTERNATIONAL REPRESENATIVE CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 214A00012984

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

. Florida Department of State Division of Corporations

July 13, 2014

Dear Tyrone Scott;

Re: Ref. # W14000029193

I originally filled out the incorrect Articles of Incorporation form which was for a non-profit company.

M.L. International is a for profit company, I have enclosed the correct articles of incorporation for a profit company.

Thank you,

Maurici Luz

President

M.L. International Representative Corp.

NEFCO

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

ICLE II P	RINCIPAL OFFICE Principal street address	Mai	ling address, if different is:
iona l'au	L Pric	27122)	
	276 PL 33460		
in the contraction	21-11/		
ICLE III PU	TO DO SE	<del></del>	
urpose for whic	h the corporation is organized is:	Hair Salan	
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number of shares	HARES  of stock is: 100 SYNTE  INTIAL OFFICERS AND/OR I	DIRECTORS	
number of shares	of stock is: 100 SYOKE	DIRECTORS  2 - PTG> Name and Title:	
number of shares TCLE V II  Name and T	of stock is: 100 SYNTE SITIAL OFFICERS AND/OR I itle: MUNCILU SITO LAKE AVO	DIRECTORS  2 Name and Title:  Address:	
TCLE V II  Name and T	of stock is: 100	DIRECTORS  2 Name and Title:  Address:	
TCLE V II  Name and T  Address	of stock is: 100 Share  INTIAL OFFICERS AND/OR I  inte: Mauri Lu  Size Lake Auc  Laxe Worth; F	DIRECTORS  Z_Pics Name and Title: Address:  A 33460	
number of shares  TCLE V II  Name and T  Address	of stock is: 100 _ State  UTIAL OFFICERS AND/OR I  Site:	PIRECTORS  2 Address:  33400  Name and Title:	
TCLE V II  Name and T  Address	of stock is: 100 Share  INTIAL OFFICERS AND/OR I  inte: Mauri Lu  Size Lake Auc  Laxe Worth; F	PIRECTORS  2 Address:  33400  Name and Title:	
number of shares  TCLE V II  Name and T  Address	of stock is: 100 _ State  UTIAL OFFICERS AND/OR I  Site:	DIRECTORS  2PTop Name and Title: Address:  Name and Title: Name and Title: Address:	
number of shares  TCLE V II  Name and T  Address	of stock is: 100 _ STATE  INTIAL OFFICERS AND/OR I  inte: MUNCI LU  SOVE LAKE AUG  LAXE WOTTO: T	PIRECTORS  2PTos Name and Title:	
TCLE V II  Name and T  Address  Name and Ti  Address	of stock is: 100 SYSTE  NITIAL OFFICERS AND/OR I  Sitle: May Cake Ave  Lake Worth; F	DIRECTORS  2	106 30 k
Name and Ti Address  Address	of stock is: 100 _ SYNCE  WITIAL OFFICERS AND/OR I  itle: Maurici Lu  Soro Lake Auc  Laxe worth; F	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	106 30 k

Name a	nd Title:	Name and Title:
Addres	s	Address:
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ARTICLE VI	REGISTERED AGENT	·
The name and I	Jorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Maurici Luz	 
Address:	501, Lane Ave	
	Lake worth PL33	1460
	•	0 S
ARTICLE VII	INCORPORATOR	्रिकेट   10 साम की 
The name and o	address of the Incorporator is:	€ 5
Name:	Travoci Liz	_ रा क्षे
Address;	500 Lave Ave	_
	Lake wo CHAPL 33	XK60
Having been not this certificate, a	med as registered agent to accept service of proces. I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated t rgistered agent and agree to act in this capacity
م		7-15-11
	Required Signaure/Registered Agent	Date
I submit this do	ocument and affirm that the facts stated herein are	e true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree felor	ny as provided for In s.817.155, F.S.
		7-15-14
	Required Signature/Incorporator	Date '