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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
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15 FEB -4 PM 10:48  
INTEGRITY OF GOVERNMENT

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 488667 7446817

AUTHORIZATION :



COST LIMIT : \$78.75

ORDER DATE : February 3, 2015

ORDER TIME : 9:25 AM

ORDER NO. : 488667-005

CUSTOMER NO: 7446817

DOMESTIC FILING

NAME: MP7 CAPITAL MANAGEMENT  
FLORIDA INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** MP7 Capital Management Florida 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Cumming & Partners LLP  
\_\_\_\_\_  
Name (Printed or typed)  
  
2 St. Clair Avenue East, Suite 901  
\_\_\_\_\_  
Address  
  
Toronto, Ontario M4T 2T5 Canada  
\_\_\_\_\_  
City, State & Zip  
  
1-800-523-2581  
\_\_\_\_\_  
Daytime Telephone number  
  
martinpiszel@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: MP7 Capital Management Florida Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

226 N latitude circle, Unit 103

Delray Beach

Florida 33483

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful business purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100 without par value

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

Name and Title: Martin Pizsel, President & CEO

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

Address 226 N latitude circle, Unit 103

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

Delray Beach

Florida 33483

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Martin Pizzel  
Address: 226 N latitude circle, Unit 103  
Delray Beach, Florida 33483

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

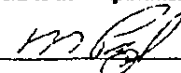
Name: Martin Pizzel  
Address: 226 N latitude circle, Unit 103  
Delray Beach, Florida 33483

*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*

By:   
Required Signature/Registered Agent

Feb 2/15  
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.*

  
Required Signature/Incorporator

Feb 2/15  
Date