50000 37500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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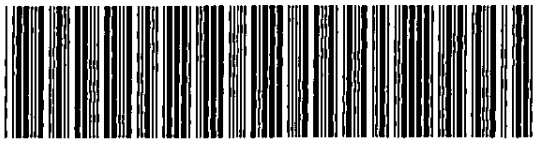

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TALLAHASSEE, FLORIDA

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DATE: **4/27/2015**

NAME: M3 DATA, INC.

TYPE OF FILING: **ARTICLES**

COST: **70.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

COVER LETTER

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

SUBJECT: M3 Data, 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 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Hanwei Cheng co Adli Law Group P.C.
Name (Printed or typed)

444 South Flower Street Suite 1750
Address

Los Angeles, CA 90071
City, State & Zip

213-623-6546
Daytime Telephone number

hanwei.cheng@adlilaw.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: M3 Data, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

4900 N. Ocean Blvd
Suite 1608
Fort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To conduct any business enterprise permitted under the Florida Business Corporation Act

ARTICLE IV SHARES
The number of shares of stock is: 25,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Berkoff, President
Address: 4900 N. Ocean Blvd,
Suite 1608
Fort Lauderdale, FL 33308

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Michael Berkoff

Address: 4900 N. Ocean Blvd, Suite 1608

Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Berkoff

Address: 4900 N. Ocean Blvd, Suite 1608

Fort Lauderdale, FL 33308

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

_____ 04/17/2015

Required Signature/Registered Agent 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.

_____ 04/17/2015

Required Signature/Incorporator Date