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(Business Entity Name)

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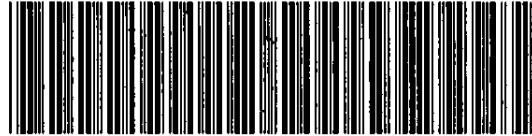
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T. SCOTT



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 22 AM 8:35

COVER LETTER

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

SUBJECT: MSM Advisory, 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: Alex Petrilak, Jr.

Name (Printed or typed)

13617 Clubside Dr.

Address

Tampa, FL. 33624

City, State & Zip

813-760-9665

Daytime Telephone number

apetrilak@marketingsystemsmanagement.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: MSM Advisory, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13617 Clubside Dr.

Tampa, FL. 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For all good and lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Petrilak, Jr., Director

Name and Title: _____

Address 13617 Clubside Dr.

Address: _____

Tampa, FL. 33624

Name and Title: Rebecca B. Petrilak, Director

Name and Title: _____

Address 13617 Clubside Dr.

Address: _____

Tampa, FL. 33624

Name and Title: Alex Petrilak, III, Director

Name and Title: _____

Address 13617 Clubside Dr.

Address: _____

Tampa, FL. 33624

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 22 AM 8:35

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: Alex Petrilak, Jr. _____

Address: 13617 Clubside Dr. _____

Tampa, FL. 33624 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alex Petrilak, Jr. _____

Address: 13617 Clubside Dr. _____

Tampa, FL. 33624 _____

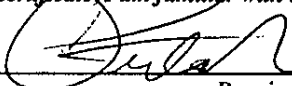
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 16, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

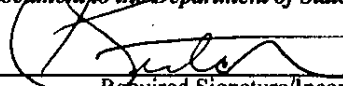


Required Signature/Registered Agent

February 16, 2016

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

February 16, 2016

Date

Alex Petrilak, Jr.