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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2016

MARENDA L. BYRD 1747 CAPITAL CIRCLE NE #1104 TALLAHASSEE, FL 32308

SUBJECT: M.L.B.,

Ref. Number: W16000052952

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 916A00016002

www.sunbiz.org

D O DOY 400F D 11 1

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

The name of the corpo	oration shall be: MAKWG	LEGA	c BUCKS,	<u>CORPOR</u>	ATTON
ARTICLE II PRI	NCIPAL OFFICE Principal street address	<u>.</u>	Mailing address, if di	fferent is:	·
1747 CAPI	TAL CIRCLE NE#1104	P.6	D. BOX 393	<u> </u>	•
	SSEE, FL 32308	B 1	LOUNTSTO	NN, FL 32	424
ARTICLE III PUR	POSE	e cope		ı l A.c	
_	h the corporation is organized is: THI	_			
	GANIZED TO PROF				
	ACTS AND ACTU	_	•	(√) <u>αυ</u>	
	MAY BE ORGAN BUSINESS CORP				
			· · · · · · · · · · · · · · · · · · ·	- <u> </u>	•
ARTICLE IV SHA	RES	ام		*	
The number of shares		x1eth	, Dl	lete	
	tle MARENDA: J. BYRL	Name and T	itle: JIMMY C	CHARLEY	•
Address	MANACIER	Address:	ASST. AGU	2VT	
	P. 0.861 393		P.D. BOX 3	13	
	BLOUNTSTOWN & 3	2424 6	BLOUNTST	DWN, R. 3242	24
Name and Tit	DAVID BEAURS	Name and T		MARTIN	1.6
Address	ASST. AGENT	Address:	ASST. ON	CALLIST D	elex
Address	P.D. BOX 393	Address.	P.O. BOK	30	,
- Olex	BLOWNTSTOWN, FE 30	 424 /	BLOUNTSTO	\	24
				-WIV+-U	110
Name and Titl	GEORGE BYRG, JR.	Name and T	itle: DIANE D.	EDWARDS O	Jet
Address	ASST. GEVERAL	Address:	ASST. ONL	TALL IST Y	•
, \ a	P.O. BOX 398		P-O-BOX	90	
~/oku/	BLOUNTSTOWN, FE 32	424	BLOUNTSTO	WN, FZ 3242	4
⟨ }\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	1	(`	

Name an		d Title: NIKOL G. SIRINGER AS
Address		
•	P.O. BOX 393	P.O. BOX 393
	BLOUNTSTOWN, FE 32424	BLOUNTSTOWN, F. 32424
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the register	red agent is:
Name:	MARENDA L. BYRD	•
Address:	1747 CAPITAL CIR. NE #1104	
	TALLAHASSEE, FL 32308	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	MARENDA L.BYRD	
Address:	P.O. BOK 393	•
	BLOUNTSTOWN, FL 32424	•
ARTICLE VIII	<u>EFFECTIVE DATE:</u>	•
	other than the date of filing:	(OPTIONAL y' than five business days prior or 90 business
days after the fili	ing.)	
	inserted in this block does not meet the applicable statutory fil fective date on the Department of State's records.	ing requirements, this date will not be listed as
	ned as registered agent to accept service of process for the abo im familiar, with and accept the appointment as registered age	
MALA	1. LD()	7/12/2 111
Mena	Required Signature/Registered Agent	
	ument and affirm that the facts stated herein are true. I am a	
aocument to the D	Department of State constitutes a third degree felony as provide	14/10 /D 312
Requir	ed Signature/Incorporator	1/12/2016 Date