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## COVER LETTER

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

SUBJECT: MAJORACCESS, 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: STANLYN A. MAJOR  
Name (Printed or typed)  
8450 NW 25TH ST  
Address  
SUNRISE, FL 33322  
City, State & Zip  
954-261-8733  
Daytime Telephone number  
stanlyn@majorsuccessinc.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: MAJORACCESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

8450 NW 25TH ST

SUNRISE, FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail - Internet Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: STANLYN A. MAJOR, PRESIDENT

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

Address 8450 NW 25TH ST

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

SUNRISE, FL 33322

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

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

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

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

28 NOV 15 PM 2:55  
CLARK COUNTY FLORIDA

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: STANLYN A. MAJOR  
Address: 8450 NW 25TH ST  
SUNRISE, FL 33322

**ARTICLE VII INCORPORATOR**

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

Name: STANLYN A. MAJOR  
Address: 8450 NW 25TH ST  
SUNRISE, FL 33322

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

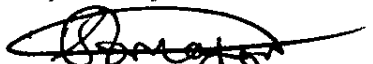
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

NOVEMBER 14, 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

NOVEMBER 14, 2016

\_\_\_\_\_  
Date