Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973

: (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Feail | Address: | | |
|-------|----------|--|------|
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FLORIDA PROFIT/NON PROFIT CORPORATION

MPM Carriers Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: |
|--|
| MPM Carriers Inc. |
| ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 9835 SW 4067 Miami FL 33165. |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| Marian Martinez Barrios (P) Linda Paola Ortiz Martinez (VP) Mijail Borroto Prieto (YP) |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address of the control of th |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: Marian Martinez Barrios 9835 GW 4057 Miami Fl 33165 |
| ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: Marian Martinez Darrios 9835 Sw 4057 Miami FL 33165. |

Required Signatures:

| Having been named as registered agent to accept so corporation at the place designated in this certifica appointment as registered agent and ag | ite, I am familiar with and accept the |
|---|--|
| MImo | 02/19/2019 |
| Registered Agent | Date |
| | |
| I submit this document and affirm that the facts stat the false information submitted in a document to the third degree felony as provided for in s.817.155, F.S. | e Department of State constitutes a |