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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MA Holdings Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

File
12/16/20

COVER LETTER

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

SUBJECT: MA Holdings 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: MA Holdings Inc

Name (Printed or typed)

8050 NW 90th Street

Address

Medley, FL 33166

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

2020 DEC 15 PM 12:03

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 NAMEThe name of the corporation shall be: MA Holdings Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8050 NW 90th Street
Miami, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRANSPORTATION HOLDING COMPANY**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Alan Boyer, CEO & DirectorName and Title: Joel Darren Plasco, DirectorAddress 3135 Sheridan Avenue
Miami Beach, FL 33140Address: 40 Walker Street, Apt 5
New York, NY 10013

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

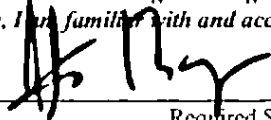
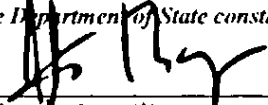
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: David Alan BoyerAddress: 3135 Sheridan AvenueMiami Beach, FL 33140**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: David Alan BoyerAddress: 3135 Sheridan AvenueMiami Beach, FL 33140**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 Agent12/15/2020_____
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/Incorporator12/15/2020_____
Date