

P95000050140

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

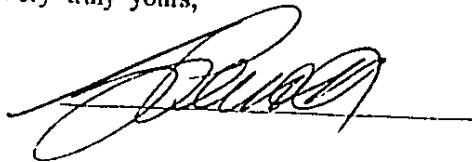
Re: MAP MANAGEMENT, CORP.

6/23  
500001522565  
-06/26/95--01009--019  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



MAP MANAGEMENT, CORP.  
corporate name

Mailing address of Corporation  
7500 NW 1ST COURT, APT 409  
PLANTATION, FLORIDA  
33317

Phone: 305- 584-4810

305-587-9323

FILED  
JUN 23 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

Mr. Perotti GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Suffix (Corp)  
DATE 6/27/95  
DOC. EXAM Handwritten signature

FILED  
95 JUN 23 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

MAP MANAGEMENT, CORP.

The undersigned subscriber to these Articles of Incorporation, natural person competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I—CORPORATE NAME

The name of the corporation is:

MAP MANAGEMENT, CORP..

ARTICLE II—DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III—PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida,

ARTICLE IV—CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500 ) of ONE Dollar (\$1.00 ) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V—INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is :

NAME: JOE PERROTTI  
ADDRESS: 7500 NW 1ST COURT APT 409  
CITY: PLANTATION, FLORIDA  
ZIP: 33317

The principal office, if known, or the mailing address of the corporation is:

NAME: MAP MANAGEMENT, CORP.  
ADDRESS: 2011 SOUTH STATE ROAD 7  
CITY: TALLAHASSEE, FLORIDA

#### ARTICLE VI—INITIAL BOARD OF DIRECTORS

This corporation shall have One ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

Joe Perrotti  
7500 N.W. 1st Court Apt 409  
Plantation, Florida 33317

#### ARTICLE VII—INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

Joe Perrotti  
7500 NW 1st Court Apt 409  
Plantation, Florida 33317

IN WITNESS WHEREOF, the undersigned subscriber have executed these Articles of Incorporations this 19th day of June, 1995 .

 \_\_\_\_\_ SEAL

\_\_\_\_\_ SEAL

\_\_\_\_\_ SEAL

FILED

95 JUN 23 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

*CERTIFICATE OF REGISTERED AGENT*

*OF*

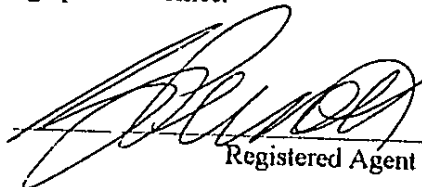
M A P MANAGEMENT, CORP.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation at:  
7500 NW 1st Court Apt 409  
Plantation, Florida 35317

has named Joe Perrotti located at the aforesaid address, as its Registered Agent to  
accept service of process within this state.

*ACKNOWLEDGEMENT*

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obligations of  
that position, I hereby accept to act in this capacity, and agree to comply with the provisions of  
Florida Law in keeping open said office.

  
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050140

1 Corporation Name

MAP MANAGEMENT, CORP.

Principal Place of Business

Mailing Address

7500 NW 1st CT. APT. 409  
PLANTATION FL. 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

2011 SOUTH STATE RD 7  
Suite, Apt. #, etc.

3 New Mailing Address, If Applicable

2011 SOUTH STATE RD 7  
Suite, Apt. #, etc.

4 Date Incorporated or Qualified  
To Do Business in Florida

JUNE 27, 1995

5 FEI Number

65-0590886

Applied For

Not Applicable

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33317

Country

USA

Zip

33317

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES.</u>	<u>GIUSEPPE PERROTTI</u>	<u>2011 SOUTH STATE RD 7</u>	<u>FT. LAUDERDALE FL. 33317</u>
<u>SEC.</u>	<u>SAME</u>	<u>ET</u>	
<u>TREAS.</u>	<u>SAME</u>		

800002045998--0

-01/03/97-01178-012

\*\*\*375.00 \*\*\*375.00

JB12-31-96

8. Name and Address of Current Registered Agent

JOE PERROTTI  
7500 NW 1st CT. #409  
PLANTATION FL.  
33317

9. Name and Address of New Registered Agent:

GIUSEPPE PERROTTI  
Street Address (P.O. Box Number is Not Acceptable)  
2011 SOUTH STATE RD 7  
Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33317

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

[Signature]

AGENT MUST SIGN

Date 12-24-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 193.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] GIUSEPPE PERROTTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-96

Date

954-587-9323

Daytime Phone #