# P960000 37368

## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		1 13 14 18 18 18 1 3 3 4 1 11 11 11 12 1 13 1 1017/30 20 18 20 10 11 11 12 2 2 1 11 1 1 1 1 1 1 1 1 1 1 1		
SUBJECT:		M.)	MENAJERI	E TNC
	(proposed corporate name)			
Enclosed please ( above corporation	find an original and one (1) copy of the n and check in the amount of \$//	articles of incor		FILE
FROM:	Name 1958 WOODWIND LA	NE	FLORDA	o.
	City, State, & Zip:  (49) 439-2134  Telephone Number	<u>1019 - 3346</u>	7	

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Note: Additional copy of articles is needed when certified copy is requested.

#### ARTICLES OF INCORPORATION

QF

MJ. MEARJERIE JAC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

MJ. MENAJERIE JM.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1958 WOODWIND LANE LAKE WORTH FURIDA 33467

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

20

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered age. ::

MARIE MATTE 9958 WOODWIND LAME LAKE WORTH FURIDA 33467

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

MARIE MATTE 9958 WOODWIND LANE CAKE WORTH FLORIDA 33467

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: PIS MENN JERIE SMC.
2. The name and address of the registered agent and office is:
MARIE MATTE TO THE NAME NAME NAME NAME NAME NAME NAME NAM
(P.O. BOX NOT ACCEPTABLE)
(P.O. BOX NOT ACCEPTABLE)
LAKE WORTH FLORINA 35467 ST ST
(CITY/STATE/ZIP)
SIGNATURE // la ha // la tota  (corporate officer)  TITLE Media Massiland
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
SIGNATURE Marie 17 lactor
DATE 4/15/96

REGISTERED AGENT FILING FEE: \$35.00