

# P96000086832

Philip Lyle Glickman  
605 New Dairy Rd B103  
Miami, FL 33179-5400

M

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MK Associates, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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\*\*\*\*122.50 \*\*\*\*122.50

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trade Mark
<input type="checkbox"/>	Other

FILED  
96 OCT 22 AM 9:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

W96-21832

OCT 15 1996

BSB

634, 302,

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 15, 1996

PHILLIP LYLE CLICKMAN  
605 IVES DAIRY ROAD 6103  
MIAMI, FL 33179-5490

SUBJECT: MK ASSOCIATES, INC.  
Ref. Number: W96000021832

We have received your document for MK ASSOCIATES, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 796A00047141

**ARTICLES OF INCORPORATION**

**OF**

96 OCT 22 AM 9:14

*MARIA K ASSOCIATES, INC.* *STATE OF FLORIDA*

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

**ARTICLE I NAME**

The name of the corporation shall be:  
*MARIA K ASSOCIATES, INC.*

*ADDRESS*  
*924 N.E. 26TH AVENUE*  
*HALLANDALE, FL 33009*

The principal place of business of this corporation shall be:

*MANAGEMENT / ADVERTISING*

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: *1000 SHARES, \$1*  
*PAR VALUE, 1000 SHARES AUTHORIZED AND*  
*OUTSTANDING*

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

*MARCIA KOENIG*  
*924 N.E. 26TH AVE*  
*HALLANDALE, FL 33009*

*PRESIDENT /*  
*DIRECTOR*

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of Incorporation is(are):

PHILLIP L. GLICKMAN  
605 JVES DAIRY ROAD 6103  
NORTH MIAMI BEACH, FL 33179

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22 day of SEPTEMBER, 1996

Signature(s) of Incorporator(s)

Phillip L. Glickman

STATE OF FLORIDA  
COUNTY OF DADE

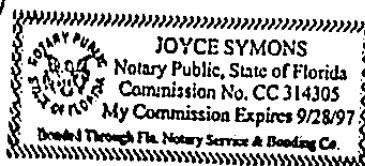
THE FOREGOING Instrument was acknowledged and sworn to before me this 22ND day of SEPT., 1996 by PHILLIP L. GLICKMAN  
(Name of Incorporator)  
of MARLIA KASSOCIATES, INC.  
(Name of Corporation)

Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$20



**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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 MARK III ASSOCIATES, INC.

2. The name and address of the registered agent and office is:

PHILLIP L GLICKMAN CPA

1605 LUES DAIRY ROAD G103

(P. O. BOX NOT ACCEPTABLE)

NORTH MIAMI BEACH, FL 33179

(CITY/STATE/ZIP)

SIGNATURE

Michael L. Glickman  
(Corporate Officer)

TITLE

Pres

DATE

Oct 1, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Phillip L. Glickman CPA  
(Registered Agent)

DATE

OCT 1, 1996