

P97000004961

TRANSMITTAL LETTER

FILED

97 JAN 17 AM 9:06

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ASSEMBLING, Inc.
M + B ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

000002045650--5
-01/03/97--01153--007
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: M + B ENTERPRISES, INC.
Name (Printed or typed)

392 LAUREL DRIVE
Address

MARGATE, FL. 33063
City, State & Zip

954-977-7600
Daytime Telephone number

W97 540
PH 1/17/97

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 9, 1997

MUGUEL CASAMAYOURET
392 LAUREL DRIVE
MARGATE, FL 33063

SUBJECT: M & B ENTERPRISES, INC.
Ref. Number: W9700000590

ASSEMBLING

We have received your document for M & B ~~ENTERPRISES, INC.~~ and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 397A00001238

ARTICLES OF INCORPORATION

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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:

M + B ASSEMBLING, INC.

ARTICLE II PRINCIPAL OFFICE

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

392 LAUREL DRIVE
MARGATE, FL. 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIGUEL CASAMAYORNET
392 LAUREL DRIVE
MARGATE, FL. 33063

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

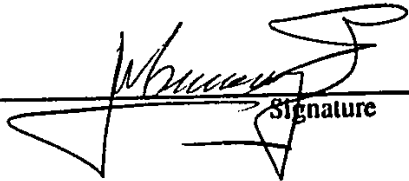
MIGUEL CASAMAYORNET (PRESIDENT)
392 LAUREL DRIVE
MARGATE, FL. 33063

EIN - 65-0709342

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of JANUARY, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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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: M + B ASSEMBLING, INC.
EIN - 65-0709342

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

MIGUEL CASAMAYOR
(NAME)

392 LAUREL DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MARGATE FL. 33063
(City/STATE/ZIP)

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)

1-15-97
(DATE)