

P97000043133

Date April 29, 1997

RECEIVED  
DIVISION OF CORPORATIONS  
MAY 15 AM 11:48

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

Re: MF & S ENTERPRISES, INC, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of 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,

400002166104--2

-05/05/97--01107--009

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

Raul Perez

(individual's name)

INT. Financial Corp

(name of corporation)

MAILING ADDRESS OF CORPORATION

2141 SW 114 Ave

DAVIE FL 33325

PHONE

(954) 423-8054

Area Code

Number

Ext.

6/1/97

097-10587



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 7, 1997

RAUL PEREZ  
INT. FINANCIAL CORP.  
2141 SW 114 AVE.  
DAVIE, FL 33325

SUBJECT: MF & S ENTERPRISES, INC.  
Ref. Number: W97000010587

We have received your document for MF & S ENTERPRISES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(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) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 897A00024292

*Note: Please refile with the new name as changed.*

*Thank you.*

# ARTICLES OF INCORPORATION

of

**MF & S ENTERPRISES OF USA, INC.**

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) 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: **MF & S ENTERPRISES OF USA, INC.**

## **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 ONE THOUSAND shares ( 1000 ) of ONE Dollar(s) (\$1.00 ) par value Common Stock, which shall be designated "Common Shares."

## **ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

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

NAME	<b>MF &amp; S ENTERPRISES OF USA, INC.</b>		
ADDRESS	<b>1539 GRANT ST.</b>		
CITY	<b>HOLLYWOOD</b>	FLORIDA	ZIP <b>33019</b>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<b>MICHEL PORTIN</b>		
ADDRESS	<b>1539 GRANT ST.</b>		
CITY	<b>HOLLYWOOD</b>	FLORIDA	ZIP <b>33019</b>

## **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:

NAME	<b>MICHEL PORTIN</b>		
ADDRESS	<b>1539 GRANT ST.</b>		
CITY	<b>HOLLYWOOD</b>	STATE <b>FLORIDA</b>	ZIP <b>33019</b>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

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

NAME	MICHEL FORTIN		
ADDRESS	1539 GRANT ST.		
CITY	HOLLYWOOD	STATE	FLORIDA
		ZIP	33019
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 22nd day of APRIL, 19 97.

*Michel Fortin* (Seal)

\_\_\_\_ (Seal)

\_\_\_\_ (Seal)

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: MICHEL FORTIN

*Michel Fortin*  
Signature

FL DL# F635 540 62 350 0

Form of Identification

\_\_\_\_  
Signature

Form of Identification

\_\_\_\_  
Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person, as indicated opposite each name, and that an oath (was) was taken.

NOTARY RUBBER STAMP MAIL



OFFICIAL NOTARY SEAL  
RAUL PEREZ  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires Feb. 26, 1998  
COMMISSION No. CC 188974

Witness my hand and official seal in the County and State last aforesaid this 22nd day of APRIL, 1997.

*Raul Perez*  
Notary Signature  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**MF & S ENTERPRISES OF USA, INC.**

*(name of corporation)*

SECRET  
DIVISION OF INVESTIGATION  
MAY 15 1968

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 1539 GRANT ST.

HOLLYWOOD, FL 33019

has named MICHEL FORTIN

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)*