TRANSMITTAL LETTER 0047280

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

\$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate

SUBJECT:

100002200171--2 -06/03/97--01093--012 *****78.75 *****78.75 ERVILES Enclosed is an original and one(1), copy of the articles of incorporation and a check for : \$131.25 Filing Fee, & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED

Name (Printed or typed) FROM: 32 345 SCENIC HILLS URIVE MT () O R A
City, State & Zip 312- 383 98 68 Daytime Telephone number

\$122.50

Filing Fee

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

ARTICLES OF INCORPORATION

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

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<u>ARTICLE I</u> The name of the corporation shall be: MAS FINANCIAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

32345 SCENIC HILLS DRIVE MT DORA F/ 32757

ARTICLE III SHARES

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

one Hundred (100)

ARTICLE IV <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

JUAN MAS 32345 SCENIC HILLS DRIVE MT DORA Fl 32757

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JUAN MAS 32345 SCENIC HILLS DRIVE AMANDA MAS MT DORA FI32757

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

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/Registered Agen