SUITE: 16 Address 700002203957--5 -06/06/97--01044--018 ****122.50 ****122.50 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. M. G. V. SERVICES, INC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2,00 Certified Copy 5 Mail out Will wait ☐ Photocopy Certificate of Status NEW FILINGS AND AMENDMENTS. Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other RECEIVED 97 JUH -6 AX 10: 20 DIVISION OF CORPORATION Continues and the continues Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 6, 1997

LAZARUS

MIAMI, FL

SUBJECT: M.& V. SERVICES, INC.

Ref. Number: W97000013338

We have received your document for M.& V. SERVICES, 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):

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.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 397A00030중03약

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ARTICLES OF INCORPORATION

97 JUN -9 PH 3: 21
SECRETARY OF STATIALLAHASSEE FLORIC

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:

V.& M. SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

8235 N.W. 7TH. ST. MIAMI, FL. 33126

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $_{50}$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIO R. MASIS 8235 N.W. 7th. ST, MIAMI, FL. 33126

ARTICLE V INCORPORATOR(S)

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

MARIO R. MASIS, PRESIDENT 8235 N.W. 7th. ST. MIAMI, FL. 33126

ARTICLE VI DIRECTOR(S)

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

MARIO R. MASIS, 8235 N.W. &TH. ST. MIAMI, FL. 33126

ine undersigned incorporator(s) has(have) exec	cuted these Articles of Inc	orporation
5 day of .	MAX	, 19 <u>97</u> .	
	ALL	Wacher MI)	
		Signature	
		Signature	
		Signature	

this

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: v. & M. SERVICES, INC.		
2.	ne name and address of the registered agent and office is:		
	MARIO R. MASIS		
	(NAME)		
	8235 N.W. 7st.		
	(P.O. BOX <u>NOT</u> ACCEPTABLE)		
	MIAMI, FL. 33126		
	(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 MILICIAN SSEE FLORIDA

DATE 6/5/97 STATE

FLORIDA