

PAZAR S CORPORATE INDUSTRIES INC.
 Request for Name
 890 S. 87th Avenue, Suite 100
 Address
 MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. M.D.P. INTERNATIONAL INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #) 200002272452--8
 -08/20/97--01084--001
 *****78.75 *****78.75
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ 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"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 AUG 20 PM 1:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
RECEIVED
 97 AUG 20 PM 11:05
 DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

M.D.P. International Inc.
Name of Corporation

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

ARTICLE I NAME

The name of the corporation shall be: **M.D.P. International Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**5679 W. Flagler Street
Miami, FL. 33134**

and the name of the initial registered agent of this corporation at this address is

Piero Melinu.

ARTICLE III NATURE OF BUSINESS

M.D.P. International Inc. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE IV TERM OF EXISTENCE

The duration of **M.D.P. International Inc.** is perpetual.

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97 AUG 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V CAPITAL STOCK

M.D.P. International Inc. is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLES VI INITIAL DIRECTORS

M.D.P. International Inc. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Piero Melinu
5679 W. Flagler St.
Miami, Florida 33134

President
TITLE

Daisy Melinu
5679 W. Flagler St.
Miami, Florida 33134

Vice-President
TITLE

ARTICLE VII INCORPORATORS

The name and address/es of the incorporator/s of this corporation are:

Piero Melinu
5679 W. Flagler St.
Miami, Florida, 33134

Daisy Melinu
5679 W. Flagler St.
Miami, Florida 33134

The undersigned has/have executed these Articles of Incorporation this 18 day of

AUG 18, 1997.

Piero Melinu
Signature/Title

President

Daisy Melinu
Signature/Title

Vice-President

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

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.D.P. International Inc.**

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

Piero Melinu

Name

5679 W. Flagler Street.

Address(P.O. Box or Mail Drop Box Not acceptable)

Miami

City

Florida

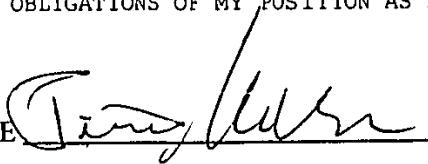
State

33134

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



DATE

8/18/97

FILED
27 AUG 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314