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» p910000) 97	841			
Requestor's Name					
Michael Maiorella 2135 8th Avenue North St. Petersburg, FL 33713					
	¥	Offic	ce Use Only		

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

1(Corporati	on Name)	(Document #)		— र र
2(Corporati	on Name)	(Document #)	97 NOV 21	
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NEW FILINGS	AMENDMENTS				-
Profit	Amendment		20000 -11/	<3415 07/97010 **75.00 *	62 <u>1</u> 58025
NonProfit	Resignation of R.A., Offic	er/Director	A	**75.00 *	****75.00
Limited Liability	Change of Registered Age	nt	(5) pro 24.97		
Domestication	Dissolution/Withdrawal		1200 24 AI		
Other	Merger		1,		
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION QUALIFICATIO Foreign Limited Partnership Reinstatement Trademark Other		W9700	00 25421 38344 001891 02551 02550	25 ⁴⁵
		·	Examiner's Initials		



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 10, 1997

/= =

MICHAEL MAIORELLA 2135 8TH AVENUE NORTH ST. PETERSBURG, FL 33713

SUBJECT: MCM INTERNATIONAL, INC. Ref. Number: W97000025421

We have received your document for MCM INTERNATIONAL, INC. and your check(s) totaling \$75.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

Please return the original and one copy of 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 (850) 488-6925.

Barbara Brock Document Specialist

Letter Number: 197A00054107

CERTIFICATE OF INCORPORATION

OF

MCMI International, Inc.

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

FIRST	
IDENTIFICATION	

The name of the corporation, hereinafter referred to as the "Corporation," is

SECOND PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

THIRD

REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Corporation is 2138 9th Avenue North, St. Petersburg, FL and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the Michael Maiorella, 2138 9th Avenue North, St. Petersburg, FL 33713

Corporation may be served, is

EORM I

FOURTH PURPOSE

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Delaware. Florida.

Par Value of ______. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

SIXTH INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corporation is as follows: Michael Maiorella

2135 8th Avenue North

St. Petersburg, FL 33713

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MCMI International, Inc.

SEVENTH DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

Michael Maiorella - Chairman a 2135 8th Avenue North	nd President	-		
St. Petersburg, FL 33713				·
Mary Maiorella - Treasurer				92
2135 8th Avenue North St. Petersburg, FL 33713	E ·	·		
Angelo Cappelli - Vice Presider 955 Live Oak Terrace North Eas	t	· · · · <u>-</u> · ·	• .	· · · · · · · · · · · · · · · · · · ·
St. Petersburg, FL 33703	· · ·	- <u>-</u> · · · -	· - · · ·	· · ·· <u>·</u>

EIGHTH INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be ______

Friday, October 31, 1997

IN WITNESS WHEREOF, the undersigned Incorporator has caused this Certificate of Incorporation to be executed as of

Friday, October 31, 1997

Michael Maiorella Muchael Maurice

(Incorporator)

CERTIFICATE OF DESIGNATION OF 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: ____ MCMI International, Inc.

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

(Name)		
2138 9 th Avenue North	•	
 (P.O. Box <u>NOT</u> acceptable)		
 St. Petersburg, FL 33713		

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



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

CR2E013(6/92)