## P9700005117

97 DEC 15 AM II: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	M Syndical		on
	Proposed corporat	te name - mu≸t include suffi	x) 800002371658 -12/15/9701029- ****122.50 ****
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a c	check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Mi chael By Name (Prin	radles  ted or typed)	<del>_</del>
	3333 South	Westshore Bi	Med. 15 1997
	Tompa, FL City, St	33629 ate & Zip	970EC 15
	813 - 835 Daytime Tele	Phone number	97 DEC 15 AMIL:

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>	NAME		^
The name of the	corporation shall be: M&M	Syndicate	Corp.

ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  3333 South Westshore Blvd.  Townpa, FL 33629
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 3 haves.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:  Microel Brackley 13612 So. Village Dr. #303  Tampa, FL 33624
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:
Michael Bradley 13612 So. Village Dr. #303 Tampa, FL 33624
Maily 77 My
Signature/Incorporator Date

(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 Agent Date