Florida Department of State Division of Corrorations P.O. Box 6327 Tallahassee, FLA2314	0106034
Re: MALI, I	•
Gentlemen: Enclosed please find the original and one copy of check in the amount of \$122.50.	300023745935 -12/17/9701039012 *****122.50 *****122.50 the Articles of Incorporation, together with my
This represents the cost of the Filing Fees, Certific Registered Agent Designation for the above name Very	- i
	MALI, INC, (Name of Corporation)
	MAILING ADDRESS OF CORPORATION 1100 E. BROWN LEE STREET
	STARKE, FL. 32091 PHONE (904) 964-9818 Area Code Number Ext.

ARTICLES OF INCORPORATION

οf

MALI, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CORPORATE NAME	SEC TALI	97	
The name of the corporation is:	MALI Inc.	RETAI AHAS	030	1
This corporation shall exist perpet	ARTICLE II - DURATION rually unless dissolved according to Florida law.	Y OF STATE SEE, FLORIDA	7 PM 1: 31	

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 100 (tors) per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	1100 E.	BROWNLEE	STREET	-
CITY STA	RKE	<u> </u>	FLORIDA	ZIP 32091
Mailing addre	ss, if different			
STREET ADDRESS				
CITY			FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME ·	TIRTHA	B. MAL	i		
ADDRESS	1100 E. BRO	WALEE	STKEET		 -
CITY	STARKE	-er	en en	FLORIDA	ZIP 32091

ARTICIF	VII _	INITIAI.	ROARD	OFT	IRECTORS
ANTICLE	V 11 -	IIVIIIAL	DUMNU	$ov \ L$	mecrons

This corporation shall have(aws, but shall never be less	y. The number of directors may be than one (1). The names and
NAME TIRTHA B. MALI		
ADDRESS 6320 NW. 33M TERRACE		
CITY CAINESVILLE	STATE FL	ZIP 32653
NAME RADHA D. MALI		
ADDRESS 6320 N.W. 33rd TEKRACE		
CITY GAINBSVILLE	- STATE FL	ZIP 32653
NAME		-
ADDRESS		
CITY	STATE	ZIP
ARTICLE VIII The names and addresses of the incorporators signing these	- INCORPORATORS Articles of Incorporation are	e as follows:
NAME TIRTHA B. MALI		
ADDRESS 6320 N.W. 33M TERKA CI		
CITY GAINES VILLE	STATE CL	ZIP 32653
NAME RADHA D. MALI		
ADDRESS 6320 N.W. 33rd TERRAC	E	
CITY GAINESVILLE	STATE CL.	ZIP 32653
NAME		• -
ADDRESS		-
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	rticles of Incorporation t	his
ay of DECEMBER		
	Fmas	(Signature)
_	Kallo W	(Signature)
_		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

MALI, INC.	SECRETARY OF STA	97 DEC 17 PM 1	FILED
(name of corporation)	ATE	1: 3	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1100 E.	BROWNLEB	STREET		
STARK	E, FL. 32091			
	TIKTHA B. M			
located at the af	oresaid address, as its i	registered agent to ac	cept service of pro	cess within this
state.				

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)