TRANSMITTAL LETTER
1248000085473
Department of State Division of Corporations
associa.
SUBJECT: ARKETING CONNECTIONS INC. (Proposed corporate name - must include suffix)
P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: ——
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:
□ \$70.00 Filing Fee & Certificate □ \$78.75 Filing Fee & Certificate □ \$122.50 Filing Fee & Filing Fee & Filing Fee & Certificate Copys & Certif
ADDITIONAL COPY REQUIRED
FROM: BLANCA CARRIZO Name (Printed or typed)
2333 BRICKEY AVENUE APT 1606 Address
711AH1 FL 33129 City, State & Zip
Patricik appert (305) 860 7897 (305) 444-9404
AUTHORITY PHONE TO Daytime Telephone number
CORPUTE OUP Name
DOC EXAM CB

NOTE: Please provide the original and one copy of the articles.

10.634

ARTICLES OF INCORPORATION

9800, 2 AM 11:24 The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MARKETING CONNECTIONS ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

BRICKELL AVENUE APT 1606 MIAMI FL 33129

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u>ARTICLE IV</u> INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and Florida street address of the initial registered agent are:

BLANCA CARRIZO 1233 BRICKELL AVENUE

APT 1606 MIAMI FC 33129

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CARRIZO 2333 BRICKELL AVENUE APTIBO 6 MATH FL 33/29

Signature/Incorporator

(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 Mr V

Signature/Registered Agent