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Division of Corporations

No.2600 P. 1  
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EFFECTIVE DATE

11-3-98

## Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : TODD W. KLISTON, ESQ.

Account Number : 075221000013

Phone : (954)473-4900

Fax Number : (954)473-4907

## FLORIDA PROFIT CORPORATION OR P.A.

### M.A.S., INC.

Certificate of Status	0
Certified Copy	0
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**FAX AUDIT #** H98000020226

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
M.A.S., INC.**

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

**ARTICLE I**

**CORPORATE NAME**

The name of the corporation is M.A.S., INC.

**ARTICLE II**

**NATURE OF BUSINESS**

The corporation may transact any lawful business for which corporations may be incorporated under the Florida Business Corporations Act.

**ARTICLE III**

**CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

Todd W. Kliston, Esq.  
8211 W. Broward Blvd., Suite 375  
Plantation, Florida 33324  
Florida Bar # 163001  
(954) 473-4900

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**ARTICLE IV**  
**CERTIFICATES**

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be as prescribed by Florida Law.

**ARTICLE V**  
**ADDRESS**

The initial street address of the principal office of this corporation is 1570 Shoreline Way, Hollywood, Florida 33019.

**ARTICLE VI**  
**TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VII**  
**INDEMNIFICATION**

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

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**ARTICLE VIII**

**INITIAL DIRECTOR**

The names and addresses of the initial Directors who shall hold office until their successors are elected and have qualified are:

Madeline Mazen	1570 Shoreline Way Hollywood, FL 33019
Sheila Clark	1570 Shoreline Way Hollywood, FL 33019
Adriana Pagani	1570 Shoreline Way Hollywood, FL 33019

**ARTICLE IX**

**INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is as follows:

<b>NAME</b>	<b>ADDRESS</b>
Todd W. Kliston	8211 West Broward Boulevard, Suite 375 Plantation, FL 33324

**ARTICLE X**

**REGISTERED OFFICE & REGISTERED AGENT**

The street address of the corporation's initial registered agent is 8211 West Broward Boulevard, Suite 375, Plantation, Florida 33324 and the name of the initial registered agent at that office is Todd W. Kliston.

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**ARTICLE XI**

**EFFECTIVE DATE**

The initial date of incorporation shall be effective on November 3, 1998.

**ARTICLE XII**

**AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by Florida Law.

Date: OCT 29, 1998

Todd W. Kliston  
Todd W. Kliston

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**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

IN COMPLIANCE WITH SECTION 607.0403, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST - M.A.S., INC., DESIRING TO  
(name of corporation)

ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH  
ITS

PRINCIPAL PLACE OF BUSINESS AT CITY OF HOLLYWOOD, STATE OF  
(city)

FLORIDA, HAS NAMED TODD W. KLISTON, LOCATED  
(state) (name of registered agent)

AT 8211 WEST BROWARD BOULEVARD, SUITE 375, CITY OF PLANTATION  
(street address - post office boxes are not acceptable) (city)

FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS  
OF THIS POSITION.

SIGNATURE:

Todd W. Kliston  
(registered agent)

DATE:

10/29/98

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