# P98000.93884 TRANSMITTAL LETTER

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

400002667494---1 -10/20/98--01003--014 \*\*\*\*131\_25\_\_\*\*\*\*\*87.50

SUBJECT:	MTB PROFESSIONALS, IN (Proposed corpo	C	ix)	_: 	
Enclosed is an original	and one(1) copy of the artic	eles of incorporation and a	a check for :		
\$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate		
	•	ADDITIONAL CO	PY REQUIRED		
FROM: MIC	HEAL BARFIELD				
<u>877</u>	Name (Printe 5 S.W. 92ND STREET Add		98 NOV -3 DIVISION OF C	<b>TI</b>	
MIA	MI, FL. 33176 City, Sta	te & Zip	PH 12: 40 CKPCRATIO EE, FLORID	i U	
(30	5)389-6053 Daytime Telep	phone number	SNC		

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 21, 1998

MICHAEL BARFIELD 8775 S.W. 92ND STREET MIAMI, FL 33176

SUBJECT: PRO-TECH SHUTTER CO., INC.

Ref. Number: W98000023891

We have received your document for PRO-TECH SHUTTER CO., INC. and your check(s) totaling \$131.25. 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6878.

Letter Number: 598A00051918

Alan Crum Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MTB PROFESSIONALS, INE.

ARTICLE II PRINCIPAL OFFICE

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

8775 S.W. 92ND STREET - SUITE 6 MIAMI, FL. 33176

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DIVINION OF SURVIORATION
TALLAHASSEE ELOPINA

#### ARTICLE III SHARES

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

ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHEAL BARFIELD 8775 S.W. 92ND STREET - SUITE6 MIAMI, FL. 33176

## ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHEAL BARFIELD 8775 S.W. 92ND STREET - SUITE 6 MIAMI, FL. 33176

The undersigned incorporator(s) has(have) executed these Articles of incorporation this	
TENTH day of OCTOBER , 19 98 .	,
(An additional article must be added if an effective date is requested.)	
Micheel T. Barkings Signature	
Signature	

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

2. The name and	address of the registered agent and office is:			
-	MICHEAL BARFIELD			
	(NAME)	<del></del>		
	8775 S.W. 92ND STREET, SUITE 6 (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	DIVISION	98 NC	
	MIAMI, FL. 33176	¥ E	~	
	(CITY/STATE/ZIP)	SSEE, FLOR	3 PH 12	
corporation at the agree agent and agree relating to the pr	med as registered agent and to accept service of process e place designated in this certificate, I hereby accept the app to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familian position as registered agent.	ointment a	s regi	isterea