## P99000011879

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

SUBJECT: MARTIN and ASSOCIA (Proposed corpora	ttes International Inc. ate name - must include suffix)	<u> </u>
	300002763 -02/03/99 *****78.75	-0105
Enclosed is an original and one(1) copy of the articles	of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	**
FROM: Kim Brook	cinted or typed)	
3881 NM 12	2nd Tenrace	
Sunrise FC	33373	83.i 66
(954) 741-7 Daytime Te	2679	B -3 ->

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.

FILED LEUKETARY OF STATE EVISION OF CORPORATIONS

99 FEB -3 AM 8: 14

ARTICLE 1	NAME
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The name of the corporation shall be: Martin and Associates International Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3881 NW 122ml Ter.

Sungise, FC. 33323

ARTICLE III SHARES

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

50,000 Fifty thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Kim brooks
3881 NW 122nd Ter.

Sunzise, FC. 33323

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Kim Brooks

3881 NW 122nd Ter

Sunkide, FL. 33323

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