

TRANSMITTAL LETTER

7990000/8318

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

SUBJECT:

MAC Builders, INC.

000002786490--9.
-02/24/99--01113--003
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Carlos Veloz

Name (Printed or typed)

2543 B NW. 72 AVE

Address

Miami FL 33122

City, State & Zip

(305) 994-7595 Ext. 2001

Daytime Telephone number

Carlos Veloz GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art I

DATE 2/25/99

DOC. EXAM [Signature]

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

FILED
99 FEB 24 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

MAC BUILDERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2543 B NW 72 AVE
Miami FL 33122

ARTICLE III SHARES

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

1000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carlos Veloz
2543 B NW 72 AVE Miami FL 33122

ARTICLE V INCORPORATOR

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

Carlos Veloz
2543 B NW 72 AVE
Miami FL 33122

Signature/Incorporator

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-22-99

02-22-99