

TRANSMITTAL LETTER

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

100002793251--5
-03/03/99--01048--005
*****70.00 *****70.00

SUBJECT: MAL ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

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: MICHAEL LUCIDO
Name (Printed or typed)

1660 S.W. 6 Ave.
Address

BOCA RATON, FL
City, State & Zip

(561) 276-1070
Daytime Telephone number

FILED
99 MAR -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

03/03/99
3/17/99

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:

MAL ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2275 S. FEDERAL HIGHWAY, SUITE 350, DELRAY BEACH, FL 33483

ARTICLE III SHARES

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

3000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL LUCIDO
1660 SW 6 AVE.
BOCA RATON, FL 33486

ARTICLE V INCORPORATOR

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

MICHAEL LUCIDO
1660 SW 6 AVE.
BOCA RATON, FL 33486

Michael Lucido
SIGNATURE/INCORPORATOR

3/2/99
DATE

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.

Michael Lucido
SIGNATURE/REGISTERED AGENT

3/2/99
DATE

FILED
99 MAR -3 PM 12:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE