

P99000021617

TRANSMITTAL LETTER

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

600002788076--8
-02/26/99--01021--004
*****78.75 *****78.75

Subject: **Making It All Happen, Inc.**

Enclosed please find an original and one (1) copy of the articles of incorporation
and a check for \$78.75.

From: **Paul M. Pellegrini III**

FILED
99 FEB 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE
ARTICLES**

Please process and return to:

**Paul M. Pellegrini, III
1917 East River Drive
Margate, FL 33063
(954) 978-3604**

GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Send back \$78.75 check correct needed*
DATE 3-9-99
DOC. EXAM CB

CB
3928
5



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 2, 1999

PAUL M. PELLEGRINI, III
1917 E. RIVER DR.
MARGATE, FL 33063

SUBJECT: MAKING IT HAPPEN, INC.
Ref. Number: W99000005068

We have received your document for MAKING IT HAPPEN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 799A00009488

ARTICLES OF INCORPORATION

OF

Making It All Happen, Inc.

FILED
99 FEB 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I: Name

The name of the corporation shall be: Making It All Happen, Inc.

ARTICLE II: Principal Office

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

**686 N. E. 33rd Street
Pompano Beach, FL 33064**

ARTICLE III: Capital Stock

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares Common

ARTICLE IV: Initial Registered Agent and Street Address

The name and address of initial registered agent is:

**Paul M. Pellegrini, III
1917 East River Drive
Margate, FL 33063**

ARTICLE V: INCORPORATOR(S)

The name(s) and Address(es) of the Incorporator(s) to these Articles of Incorporation is (are):

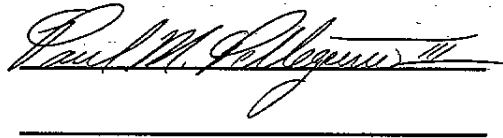
**Paul M. Pellegrini, III
1917 East River Drive
Margate, FL 33063**

ARTICLE VI: INCEPTION DATE

Date of inception of corporation will be March 1, 1999.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 3rd day of March, 1999.

Signature(s):



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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/agent, in the State of Florida.

1. The name of the Corporation is: Making It All Happen, Inc.
2. The name and address of the registered agent and office is:

Paul M. Pellegrini, III
1917 East River Drive
Margate, FL 33063

FILED
99 FEB 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Paul M. Pellegrini, III

DATE:

3-3-99