# 1990000 46351

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

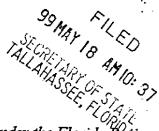
SUBJECT. M.A		· ~	
SUBJECT: MG		TERPRISES 19	<u>C,</u>
•			0002878441 -05/19/9901034006 ******78 75 ******78.1
Enclosed is an original for:	and one (1) co	py of the articles of inco	rporation and a check
\$70.00 Filing Fee	\$78.75  Filing Fee  & Certificate	Filing Fee Fi & Certified Copy Cer	\$131.25 ling Fee, tified Copy Certificate uired
FROM:	C   And e	P Pothies	1900 St. 7
	BOCA		<u>t</u> 33486 ≥ % %
·	<u> </u>	State & Zip 338 - 33각왕 elephone number	FILED MAY 18 AM 10: 37 CRETARY OF STATE LAHASSEE, FLORID

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

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## 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:

#### ARTICLE II PRINCIPAL OFFICE

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

#### ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Claude P Pottier 790 SW 17th Street BOCA RATON FL 33486

### 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):

Claude P Pottier 790 SW 17th Street BOCA RATON FL 33486

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

# 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.

1.	The name of the corporation is:	MGCP	Enterpris	es, Inc.
2.	The name and address of the regist	tered agent and office is:		
	Claus	LE P. Poti	e12	TALLAHA SECRETA
		SW 17th Str x or Mail Drop Box NOT ACC		ED B AH 10: 37 REFERENCE STAI SSEE, FLORI
	Boc	A RATON F (CITY/STATE/ZIP)	-L 33486	ORIDA

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) (DATE)