## P99999999999

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

SUBJECT:	MARK MA	IL, INC.		
	(Proposed corpor	rate name - must include sur	ffix)	
		ટા	DOOD2977 -05/17/990 *****78,75	∩42E 1085014 *****78.75
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a c	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JACK ROSE	THAL		-
Name (Printed or typed)  8 2 2  A Z U 1  E A V  E				

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

No Mary

## **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.

<i>ARTICLE</i>	 NAME
ARTHUR	 IVAINT.

The name of the corporation shall be: MARK MAIL, INC.



ARTICLE II PRINCIPAL OFFICE

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

11977 Southern Blug. Royal PAlm Beach, FL 33411

ARTICLE III SHARES

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

1000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TACK ROSENTHAL 822 AZURE AUR. Wellington, FL 33414

ARTICLE V INCORPORATOR

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

JACK ROSENTHAL 822 AZURE AVE Wellington, FL 33414

/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