P99000084948

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

SUBJECT:	M.A.C. Capital Advisers Incorporated
	(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 ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED			
FROM:	· ·	inted or typed)		-		 -
	1499 W. Pali	metto Park Park	Pd. Stel	70		
	Boca Rator	1, FL 33 480 State & Zip	<i>lo</i>	SECRET TALLAHA	1999 SEP	T
	56/ 447 Daytime Te	2-6969 elephone number		ARY OF	29	FILED
		,		STATE	PM 12: 31	

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

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The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

M.A.C. Capital Advisors, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

1499 W. Palmetto Park Rd Ste 170 Boca Ration, FL 33433

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:

Mark A. Cohen 1499 W. Palmetto Park Rd Ste 170

ARTICLE V INCORPORATOR

Boca Ration, FL 38433

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

Mask C. Cole 4/4/99
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