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Requester's Name		
Address		
City/State/Zip	ing a second of the second	200003042832
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ray n	2/14	Tice Use only
CORPORATION NAME(S)	OCUSENT NEWBER(S), (if	f known):
1.		
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	LEC NO
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up tin	me	Certified Conf.
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
☐ Profit	☐ Amendment	
Not for Profit Limited Liability	Resignation of R.	A., Officer/Director
Domestication	☐ Change of Registed ☐ Dissolution/Withdow	
☐ Other	☐ Merger	·
OTHER FILINGS	REGISTRATION/QU	JALIFICATION
Annual Report	Foreign	~ (V
☐ Fictitious Name	Limited PartnershiReinstatement	ip Uan
	Trademark	ip Oran
	☐ Other	\\ \lambda\\ \lamb
22E031/7/07\		Examiner's Initials 70

CR2E031(7/97)

ARTICLES OF INCORPORATION

of

			OI .	
- <u>B16</u>	MAMA	FILL	۷.,	,
•	, ,	(name	of corporation)	9
The undersigned acting the following articles of income			ration under the Florida B	usiness Corporation Act adopt (6)
		RTICLE I -	CORPORATE NAME	PM 2
The name of the corpo			•	2 3
E16	MAMA	INC.		
	,		•	
		ARTICL	E II - DURATION.	
This corporation shall	exist perpetually unle	ess dissolve	ed according to Florida lav	v .
•				
		ARTICL	E III - PURPOSE	
		e of engagi	ng in any activities or bus	iness permitted under the laws of the
nited States and the State	of Florida.			
F	A	RTICLE P	V - CAPITAL STOCK	
	ARTIC	LE V - INI	res of common stock, par TIAL PRINCIPAL OFFICE different, the mailing addr	€
STREET ADDRESS	· -	.3 .7		
Pro Him	7.7.7	-11	1-10-15-1	NENUE
TMB 113	<u>- 2023</u>	1/4	FLORIDA	
CITY CocoA	BEACH		I DOMINI	ZIP 32931
Mailing address, if o	merent			
TREET ADDRESS		····		
SAME"				
CITY			FLORIDA	ZIP
	ARTICLE VI - IN	IITIAL RE	GISTERED OFFICE A	ND AGENT
The street address of	,			al registered agent at the office is
	1 the fiftual register	· Mary and a	and monthly of the min	
NAME MARK	H. BER	RY		1
ADDRESS PMB	#175 - Z	023	M. ATLANTIC	AVENUE
CITY COCOA	BEACH	- 1· · ·	FLORIDA	ZIP 3 293/

ther increased or	tion shall have	/(_av.	OARD OF DIRECTORS L directors initially. The but shall never be less than s:	number of directors may bone (1). The names and
NAME	MARK	A. BERRY	·	
ADDRESS	5/23	5. PELICAN	/ WAY	
CITY	HomosASSA		STATE FL	ZIP 34448
NAME				
ADDRESS		-		
CITY			STATE	ZIP
NAME				
ADDRESS				
CITY	· · · · · · · · · · · · · · · · · · ·		STATE	ZIP
NAME	MARK A	BERRY	les of Incorporation are as fo	
ADDRESS	5/23 5	PELICAN	•	ZIP ZUUVI
CITY	HOMOSASSA	!	STATE /	ZIP 34448
NAME				
ADDRESS		· · · · · · · · · · · · · · · · · · ·		·
CITY			STATE	ZIP
NAME				
ADDRESS				¥
CITY			STATE	ZIP
he undersigne	d incorporator(s) hav	ve executed these Articl	les of Incorporation this _	2014.

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

D Clarida Canada Cartinus 40 001 and 607 0501, the following is enhanted.	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:	
The above corporation, organized under the laws of the State of Florida with its registered off	<u>i</u> ge
as indicated in the Articles of Incorporation	
at PMB 1/3 - 2023 M. ITTLANIC ITUENUED	
COLOR BEACH , FZ 32931 SSRY	ē
has named MARK A. BERRY	. 4 - 5
located at the aforesaid address, as its registered agent to accept service of process with this	
state.	

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) 10-20-99 (Date)