

PO6000112440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

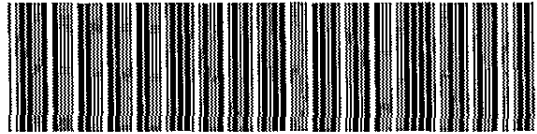
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/30/06--01001--001 **87.50

RECEIVED

06 AUG 29 PM 2:00

FLORIDA
SECRETARY OF STATE

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06 AUG 29 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-29-06
WC

COVER LETTER

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

SUBJECT: MTS Consulting SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert L. Mayo

Name (Printed or typed)

398 Castleton Circle

Address

Tallahassee, FL 32312

City, State & Zip

850-212-3333

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MTS Consulting *SERVICES, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

398 Castleton Circle
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful activity including, but not limited to, business management consulting services and litigation support.

ARTICLE IV SHARES

The number of shares of stock is:

(10,000) Ten Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Robert L. Mayo, President, Secretary, Director
398 Castleton Circle; Tallahassee, FL 31312

Denise M. Mayo, Vice-President, Director
3811 University Drive, 7-C; Durham, NC 27707

Clinton J. Mayo, Vice-President, Director
3343 Golden Rain Drive; Tallahassee, FL 32303

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert L. Mayo
398 Castleton Circle
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

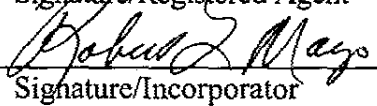
The name and address of the Incorporator is:

Robert L. Mayo
398 Castleton Circle; Tallahassee, FL 32312

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



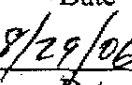
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA