

PAW0022546

TRANSMITTAL LETTER

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

600003135306--7
-02/15/00--01040--008
****122.50 *****78.75

SUBJECT: MP Uniforms,
Enterprises, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

Patricia P. McRae
Name
clo Ruth's Uniform Shop
8102 North Davis Highway
Address
Pensacola, FL 32514
City, State, & Zip
(850) 478-7756
Telephone Number

FILED
00 MAR - 6 PM 12: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.

60-4548
PH 3/6/2000 ✓



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 18, 2000

PATRICIA P. MCRAE
8102 N DAVIS HWY
PENSACOLA, FL 32514

SUBJECT: MP ENTERPRISES, INC.
Ref. Number: W00000004548

We have received your document for MP ENTERPRISES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 900A00008831

FILED-

00 MAR -6 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

MP Uniforms, Inc.

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:

MP Uniforms, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2950 Langley Avenue
Pensacola, Florida 32504

ARTICLE III CAPITAL STOCK

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

Ten thousand (10,000) shares of one dollar (1.00) par value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Patricia P. McRae
8102 N Davis Hwy
Pensacola, FL 32514

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Patricia P. McRae
8102 North Davis Highway
Pensacola, FL 32514

The undersigned has(have) executed these Articles of Incorporation this

9th day of February, ~~19~~ 2000

Patricia P. McRae / president
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
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: MP Uniforms, Inc.

2. The name and address of the registered agent and office is:

Patricia P. McRae

(NAME)

8102 North Davis Highway

(P.O. BOX NOT ACCEPTABLE)

Pensacola, Fl 32514

(CITY/STATE/ZIP)

FILED
00 MAR -6 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SIGNATURE Patricia P. McRae
(corporate officer)

TITLE President

DATE 2-10-00

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 Patricia P. McRae

DATE 2-10-00

REGISTERED AGENT FILING FEE: \$35.00