# POLOGOOG 6743

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

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				•	0 <b>04471</b> 07/12/0101 *****78.75	#43 1057 *****		
Enclosion for :	osed is an original and one (1) copy of the articles of incorporation and a check							
	<b>\$70.00</b>	X \$78.75	\$122.50	\$131.25	· ·			
		C/o I	Pickson &	Co. , P.A.				
	FROM:	M.D.	MODRE +.	Son, INC				
		14	PALA FOR	Place Sul	, / .	-		
			Address	- Cuin	SE SE			
,		PENS	ACOLA F	1. 3250/	JUL 12 CRETAIN LAHASS	T		
		880	438.21	22	PH 3: Y OF ST EE. FLO	Ī		
		Daytime	Telephone number		: 22 TATE DRIDA			

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

or 7/13

### ARTICLES OF INCORPORATION

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.

<b>ARTICLE 1</b>	NAME
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The name of the corporation shall be:

M.D. MOORE I SON, INC.

OI JUL 12 PM 3: 22
SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

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

7384 ShELby LANE PENSACOLA, FL. 32526

ARTICLE III SHARES

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

1,000 ShMES

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael D. MOORE

1384 Shelby LAWE

PENSACOLA, FL 32526

#### ARTICLE V INCORPORATOR(S)

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

Michael D. Moore 1384 Shelby LN. PENSACULA, FZ. 32501

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

day of July 19200/.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

## ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Michael D. Moone, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 nam	ne of the corporation is: M.D. MOORE &	-Son, INC.
2. The name	e and address of the registered agent and office is:	OI JU SECRI TALLA
	(Name)	L12 PM
	Pensacola, Ft. 32526	3: 22 STATE LORIDA
	Michael D Moore  (Name)  7384 Shelby LANE  (P.O. Box not acceptable)	OI JUL 12 PM 3: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

W Noce (Signature)