## P02000048175

TRANSMITTAL LETTER

02 MAY -1 AM 9: 57

PAGE 01

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

| Enclosed are an orig  | ginal and one (1) copy of the a           | rticles of incorporation an                        | d a check for:                                 |                        |
|-----------------------|---|--|--|------------------------|
| \$70.00<br>Filing Fee | S78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | Status   |                        |
| FROM:                 | BRIAN MC                                  | (ALLISTER<br>(Printed or typed)                    | -  |                        |
| -                     | 60 DUNI                                   | Address  | 30000517967<br>-04/01/020105<br>******70.00 ** | ſ.⊒<br>59009<br>***70. |
|                       | LENOX.                                    | MA 0124<br>, State & Zip                           | 0  |                        |

W02-9783

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 8, 2002

BRIAN MCALLISTER 60 DUNMORE CT LENOX, MA 01240

SUBJECT: MCA, INC.

Ref. Number: W02000009783

Salan

We have received your document for MCA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document must have original signatures.

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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 402A00020688

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | FILED  |
|--|--|
|  | 02 MAY -1 AM 9: 5  |
| ARTICLE I NAME   |  |
| The name of the corporation shall be: MCA SALES, INC.                                      | SECRETARY OF STAT<br>TALLAHASSEE FLORI   |
|  | TALLAMMOGE   |
|  |  |
| ARTICLE II PRINCIPAL OFFICE  |  |
| The principal place of business/mailing address is: 60 DUN MORE CE.  LENOX MA 01240        |  |
| LENOX MA 01240   |  |
|  |  |
| ARTICLE III PURPOSE  |  |
| The purpose for which the corporation is organized is: SERVICES                            | •  |
| 3C RVICES  |  |
|  |  |
| ARTICLE IV SHARES  |  |
| The number of shares of stock is:  |  |
| <b>5</b> , <b>5</b>  |  |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  | a .  |
| The second of the second and title(a):   |  |
| BRIAN MCALLISTER / GO DINMORE CE. LENOX MA 012-10 /PO                                      | n 'A   |
| DRIAN MARCINIACY CONDUMBRE CE, CONDENTA DIE 10/ 11/  | 20.  |
|  |  |
| •  |  |
|  |  |
| ARTICLE VI REGISTERED AGENT  |  |
| The <u>name and Florida street address</u> of the registered agent is:                     |  |
| TIMOTHY DAILY<br>25178 RUSAMOND Ct.<br>PUNTA GOLDA FL, 33938                               |  |
| 25178 KUSHMOND CC 23920  |  |
| PUNTA GOLDA FL, 55132  |  |
| ARTICLE VII INCORPORATOR   | . Po 5   |
| The <u>name and address</u> of the Incorporator is:  |  |
| BRIAN MEALLISTER<br>60 DUNMORE CE.   | •  |
| 60 DUNMORE CE.   |  |
| LENOX MA, 01240  | ماند ماند خانه مانه مان حان حانه مان جان وان وان وان وان وان وان وان وان وان و |
| *************************  | **********   |

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/Incomporator