

792000068821

TRANSMITTAL LETTER

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

SUBJECT: mbw Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600005691936--2  
-06/05/02--01022--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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: Michael B. Waller  
Name (Printed or typed)

8 P.O. Box 1301  
Address

Grove City OH 43123  
City, State & Zip

(954) 695-7327  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUN -01 PM 2:36

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

~~11-20-02~~  
6-21-02  
WCC



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 5, 2002

MICHAEL B. WALLET  
P. O. BOX 1301  
GROVE CITY, OH 43123

SUBJECT: MBW INC.  
Ref. Number: W02000016280

We have received your document for MBW 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):

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.**

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) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 102A00036835

**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:

MICHAEL B. WALLET INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO Box 1301  
Grove City OH 43123

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transportation

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 shares par.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Michael B. Wallet  
P.O. Box 1301, Grove City OH 43123  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Joell Adams  
4209 Brandon Dr.  
Delray Beach FL 33445

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Joell Adams  
4209 Brandon Dr.  
Delray Beach FL 33445

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUN 21 PM 2:37