

PO200000

TRANSMITTAL LETTER

73499

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

900006201219--1
-07/03/02--01051--002
*****78.75 *****78.75

SUBJECT: MSC Consulting, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michael S. Camar

Name (Printed or typed)

820 11th Ave S.

Address

Jacksonville Beach FL 32250

City, State & Zip

904-241-4451

Daytime Telephone number

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MSC CONSULTING, Inc

ARTICLE II PRINCIPAL OFFICE

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

820 11th Ave S., JACKSONVILLE BEACH FL 32250

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

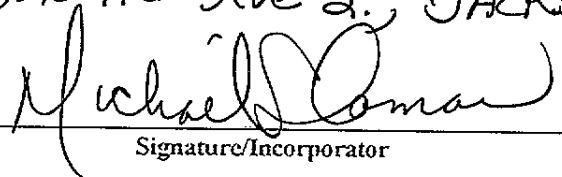
The name and Florida street address of the initial registered agent are:

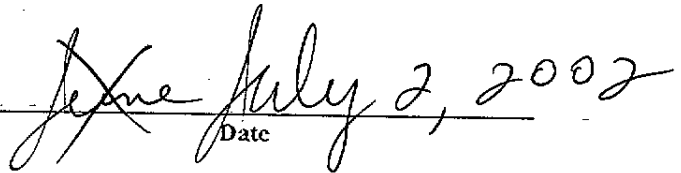
Michael S. CAMAR
820 11th Ave S., JACKSONVILLE BEACH FL 32250

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

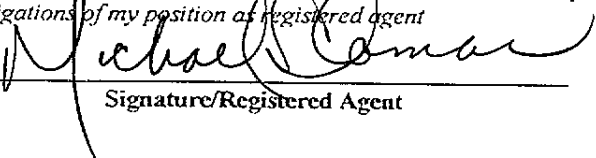
Michael S. CAMAR
820 11th Ave S., JACKSONVILLE BEACH, FL 32250

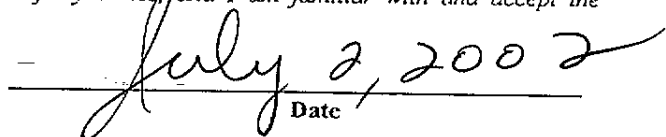

Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent


Date