

# PD2000107072

## TRANSMITTAL LETTER

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

500008151475--9  
-10/02/02--01031--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MBL Telecom Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Mark Lawson  
Name (Printed or typed)

1254 Water Lily Ln  
Address

Rockledge, FL 32955  
City, State & Zip

321-633-4126  
Daytime Telephone number

02 OCT -2 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

BM 10/14

# 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:

MBL Telekom Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1254 WATER LILY LANE  
Rockledge FLA 32955

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDER OF CONTRACT COMMUNICATION SERVICES

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARK LAWSON 1254 WATER LILY LANE Rockledge FLA 32955 CEO  
Direct. Susan Lawson 1254 Water Lily Ln. Rockledge, FL 32955  
Direct. Leah Lawson 1254 Water Lily Ln. Rockledge, FL 32955

## ARTICLE VI REGISTERED AGENT

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

MARK LAWSON 1254 WATER LILY LANE Rockledge FLA 32955

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK LAWSON 1254 WATER LILY LANE Rockledge FLA 32955

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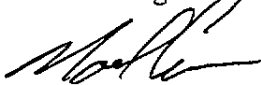
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/28/2002

Date



Signature/Incorporator

9/28/2002

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT -2 AM 10:10

FILED