

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1761349-2
(Sub Account)

DATE: 10-18

REQUESTOR NAME: Lexis Document Services

ADDRESS:

P02000112593

TELEPHONE: () () ext: ()

CONTACT NAME: _____

CORPORATION NAME: M.G.P.C.S., Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION:

C. J. Woodyard
Cynthia J. Woodyard

RECEIVED
02 OCT 18 PM 1:52
FILED
02 OCT 18 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA
70.00

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready () Call if Problem () After 4:30
() Walk In () Will Wait () Pick Up
() Mail Out

[Handwritten signature]

600008450856-17

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:

M.G.P.C.S., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4410 Mohican Tr Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful purposes for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Michael G. Savage 4410 Mohican Tr Valrico, FL 33594

President

ARTICLE VI REGISTERED AGENT

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

Michael G. Savage 4410 Mohican Tr Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LexisNexis Document Solutions Inc.
801 Adlai Stevenson Drive
Springfield, IL 62703

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

Michael G. Savage
Signature/Registered Agent

10/16/02

Date

Christine O. Phares, asst secy
Signature/Incorporator

10/17/02
Date

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