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# TRANSMITTAL LETTER

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

iclosed are an orig	inal and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee	₹\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Angela GAG	Printed or typed)	
-	13910 LAKE	DLACID ddress	CT .
-	MIAMI LAKE	Sate & Zip	3014

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

### 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:

Municipal Management Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13910 Lake Placid Court Miami Lakes, FL 33014

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Municipal Consultant Service

## ARTICLE IV SHARES

The number of shares of stock is: 600

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

#### ARTICLE VI REGISTERED AGENT

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

Angela Garrison 13910 Lake Placid Court Miami Lakes, FL 33014

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Garrison 13910 Lake Placid Court Miami Lakes, FL 33014

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

Signatur /Incorporator

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Date