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(Requestor's Name)

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(City/State/Zip/Phone #)

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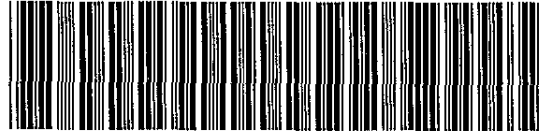
(Business Entity Name)

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## TRANSMITTAL LETTER

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

SUBJECT: MFSI, 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

JOHN MOBLEY  
Name (Printed or typed)

5039 VALLEY FARM Rd.  
Address

TALLAHASSEE, FLORIDA 32303  
City, State & Zip

850-510-2633

Daytime Telephone number

**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:

*MFSI, INC.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1516 VIVIAN LN.  
LOUISVILLE, KENTUCKY 40205- 3228*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *TO CONDUCT LEGAL BUSINESS  
IN THE UNITED STATES AND INTERNATIONALLY*

## 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):

*THOMAS R. Mobley - President  
1516 VIVIAN LN.  
LOUISVILLE, KENTUCKY 40205- 3228*

## ARTICLE VI REGISTERED AGENT

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

*JOHN Mobley  
5039 VALLEY FARM RD.  
TALLAHASSEE, FLORIDA 32303*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JOHN Mobley  
5039 VALLEY FARM RD.  
TALLAHASSEE, FLORIDA 32303*

\*\*\*\*\*  
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

*John Mobley*  
\_\_\_\_\_  
Signature/Registered Agent

*4/25/03*  
\_\_\_\_\_  
Date

*John Mobley*  
\_\_\_\_\_  
Signature/Incorporator

*4/25/03*  
\_\_\_\_\_  
Date

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