

P03000072355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

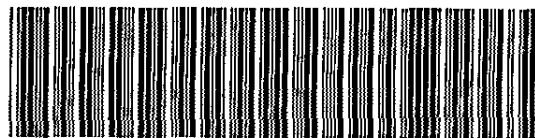
(Business Entity Name)

(Document Number)

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03 JUN 30 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: MSI HOLDINGS, 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 INDELICATO  
Name (Printed or typed)

PO BOX 2574  
Address

Tampa, FL 33601-2574  
City, State & Zip

813-610-7506  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 6, 2003

MARK INDELICATO  
PO BOX 2574  
TAMPA, FL 33601-2574

SUBJECT: MSI HOLDINGS, INC.  
Ref. Number: W03000016307

We have received your document for MSI HOLDINGS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 803A00035681

# 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.I. Consulting Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 2574, Tampa FL 33601-2574

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL lawful purposes.

## ARTICLE IV SHARES

The number of shares of stock is:

100000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARK Indelicato, President  
PO box 2574, Tampa FL 33601-2574

## ARTICLE VI REGISTERED AGENT

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

MARK Indelicato  
4124 My Lady Ln. apt 3, Land O Lakes, FL 34639

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


MARK Indelicato  
4124 My Lady Ln, apt 3, Land O Lakes, FL 34639

\*\*\*\*\*

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

6/25/2003  
Date

  
Signature/Incorporator

6/25/2003  
Date

FILED  
03 JUN 30 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA