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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**MDP SERVICES OF SOUTH FLORIDA, CORP.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION  
OF

MDP Services of South Florida, Corp.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY  
ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE ONE

THE NAME OF THE CORPORATION: MDP Services of South Florida, Inc.

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL

ARTICLE THREE

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFUL BUSINESS  
CONNECTED WITH *software Services*

2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS  
WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH  
OR AUXILIARY TO THE FOREGOING BUSINESS.

3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR  
NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS  
AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A  
SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE OF THE CORPORATION IS: Maria Delcarmen Puentes AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS: 20427 SW 54 PL. Pembroke Pines, FL. 33332.

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ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS two (2) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

PRESIDENT: Maria Delcarmen Puentes 20427 SW 54<sup>th</sup> PL. Pembroke Pines, FL. 33332

SECRETARY: Esteban Hondarez 20427 SW 54<sup>th</sup> PL. Pembroke Pines, FL. 33332

TREASURER: Maria Delcarmen Puentes 20427 SW 54<sup>th</sup> PL. Pembroke Pines, FL. 33332

VICE PRESIDENT: Esteban Hondarez 20427 SW 54<sup>th</sup> PL. Pembroke Pines, FL. 33332

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ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS: Maria Delcarmen Puentes 20427 SW 54<sup>th</sup> PL. Pembroke Pines, FL. 33332 ARE OF, THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS 18 DAY OF March 2004.



INCORPORATOR

Maria Delcarmen Puentes

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORISED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED Maria Delcarmen Puentes III KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION. IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON 18 DAY OF March 2004.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER PERFORMANCE OF MY DUTIES.

  
\_\_\_\_\_  
REGISTERED AGENT  
Maria Delcarmen Puentes

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORISED TO TAKE  
ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE,  
PERSONALLY APPEARED Maria Delcarmen Puentes III KNOWN TO BE AND  
KNOWN BY ME TO EXECUTE THE FOREGOING ACCEPTANCE BY  
REGISTERED AGENT, AND HE ACKNOWLEDGED BEFORE ME THAT HE  
EXECUTED THAT ACCEPTANCE ON 18 DAY OF March 2004.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES