

P04000096348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

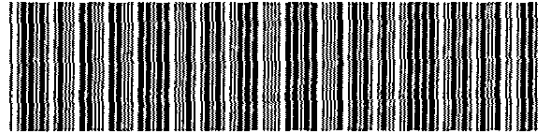
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800038130398

06/24/04--01019--012 **78.75

FILED

2004 JUN 24 A 11:10

157 37 06 57 04
157 37 06 57 04

6-24-04
11:10

TRANSMITTAL LETTER

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

SUBJECT: MSLIQUIDATORS, 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: MANLYN A FRANCIS
Name (Printed or typed)
119 S Sunset Dr
Address
CASSELBERRY FL 32707
City, State & Zip
407 3320920
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:

MS LIQUIDATORS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

119 S Sunset Dr
CASSELBERRY FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Liquidation

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTIN A FRANCIS
119 S Sunset Dr.
CASSELBERRY, FL 32707

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARTIN A FRANCIS
119 S Sunset Dr.
CASSELBERRY FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTIN A FRANCIS
119 S Sunset Dr.
CASSELBERRY FL 32707

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN 24 A 11:10

FILED

06-22-04

06-22-04

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:

MS Liquidators, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

119 S Sunset Dr
Casselberry FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Liquidation

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Martin A Francis

119 S Sunset Dr

Casselberry FL 32707

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Martin A Francis

119 S Sunset Dr

Casselberry FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martin A Francis

119 S Sunset Dr

Casselberry FL 32707

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

Signature/Incorporator

Date

06-22-04

Date

06-22-04

FILED

JUN 24 4 11:10