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04 NOV 29 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*MDS for DCS INC.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

*Immunized*

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: \_\_\_\_\_

*Marc A Sencer*

Name (Printed or typed)

*2184 Appaloosa Trail*

Address

*Wellington FL 33414*

City, State & Zip

*561 512 4341*

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)

**FILED**

04 NOV 29 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **MDS FOR DCS, INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **2184 APPALOOSA TRAIL  
WELLINGTON FL 33414**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Consulting**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **MARC H SENCER President  
2184 Appaloosa Trail  
Wellington FL 33414**

**ARTICLE VI REGISTERED AGENT**


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

**MARC H SENCER  
2184 Appaloosa Trail  
Wellington FL 33414**

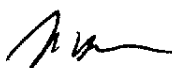
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **MARC H SENCER  
2184 Appaloosa Trail  
Wellington FL 33414**

\*\*\*\*\*  
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

**11/22/04**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**11/22/04**  
\_\_\_\_\_  
Date