

P05000023024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

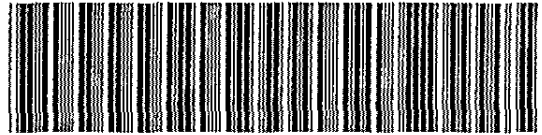
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
2/14/05

TRANSMITTAL LETTER

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

SUBJECT: MPJ DISTRIBUTION 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 P JOYCE
Name (Printed or typed)

2398 N. SINGLETON AVE
Address

MIMS FLORIDA 32754
City, State & Zip

321-269-4595
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:

MPJ DISTRIBUTION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2398 N. SINGLETON AVE
MIMS, FLORIDA 32754

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER SOFTWARE

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES AUTHORIZED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARK P JOYCE ——— PRESIDENT
2398 N. SINGLETON AVE
MIMS, FLORIDA 32754

ARTICLE VI REGISTERED AGENT

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

MARK P JOYCE
2398 N. SINGLETON AVE
MIMS, FLORIDA 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK P JOYCE
2398 N. SINGLETON AVE
MIMS, FLORIDA 32754

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

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA