

P05000106627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

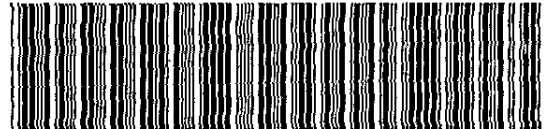
(Business Entity Name)

(Document Number)

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05 AUG -1 AM 8:19  
TALLAHASSEE, FLORIDA

2-28  
HIV

## TRANSMITTAL LETTER

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

SUBJECT: MVD Installation & Repair 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 Medugno  
Name (Printed or typed)

105 SE 41 St  
Address

Cape Coral FL 33904  
City, State & Zip

239-229-5572  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 28, 2005

MARK MODUGNO  
105 SE 41 ST  
CAPE CORAL, FL 33904

SUBJECT: M V D INSTALLATION & REPAIR INC.  
Ref. Number: W05000035716

We have received your document for M V D INSTALLATION & REPAIR INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6962.

Valerie Ingram  
Document Specialist  
New Filings Section

Letter Number: 505A00049042

The name of the corporation shall be:  
M V D Installation & Repair Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

105 SE 41<sup>st</sup> Street  
Cape Coral Fl. 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Installation of window Treatments

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

Mark Modugno Pres.

**ARTICLE VI REGISTERED AGENT**

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

Mark Modugno  
105 SE 41 St  
Cape Coral Fl. 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mark Modugno  
105 SE 41 St  
Cape Coral Fl. 33904

\*\*\*\*\*  
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

FILED

05 AUG -1 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/22/05  
\_\_\_\_\_  
Date

8/1/05  
\_\_\_\_\_  
Date