

P06000001653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

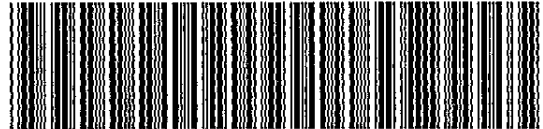
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2006 JAN -3 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stamp: JAN 05 2006

COVER LETTER

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

SUBJECT: M.S. Financial 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: Michael Sessa
Name (Printed or typed)

6301 S Westshore Blvd APT 416
Address

Tampa, FL 33616
City, State & Zip

813 300 3845
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: M.S. Financial INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6301 S Westshore Blvd Apt 416
Tampa FL 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgages.

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): 1) Michael Sessa, (President)
6301 S West Shore Blvd Apt 416
Tampa FL 33616

ARTICLE VI REGISTERED AGENT

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

Michael Sessa
6301 S West Shore Blvd Apt 416
Tampa FL 33616

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Michael Sessa
6301 S West Shore Blvd Apt 416
Tampa FL 33616

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

12-10-05
Date


Signature/Incorporator

12-10-05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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