

P06000002289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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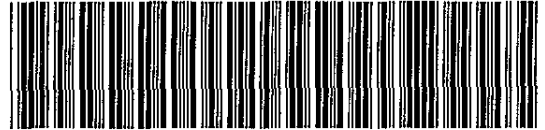
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TOLSON

C.F. 1-1

COVER LETTER

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

SUBJECT: MCS-ACF, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CASSANDRA SCHULTZ

Name (Printed or typed)

550 AMBERJACK DRIVE

Address

NORTH PORT FL 34287

City, State & Zip

(941) 426-8241

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:

MCS-ACF, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

550 AMBERJACK DRIVE
NORTH PORT FL 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION / NEW BUSINESS ENTITY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CASSANDRA SCHULTZ, 550 AMBERJACK DRIVE, NORTH PORT FL 34287
FRANK CONSORTO, 550 AMBERJACK DRIVE, NORTH PORT FL 34287

ARTICLE VI REGISTERED AGENT

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

CASSANDRA SCHULTZ
550 AMBERJACK DRIVE
NORTH PORT FL 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CASSANDRA SCHULTZ
550 AMBERJACK DRIVE
NORTH PORT FL 34287

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

Cassandra Schultz
Signature/Registered Agent
Cassandra Schultz
Signature/Incorporator

01-03-06
Date
01-03-06
Date

FILED
06 JAN -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA