

PL000070939

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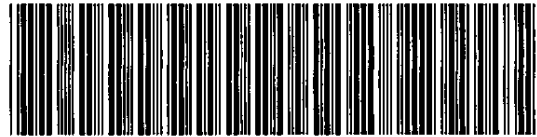
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2006

MICHAEL D SIMPSON  
P.O. BOX 823  
GOODLAND, FL 34140

SUBJECT: M.D. SERVICES, INC.  
Ref. Number: W06000021245

We have received your document for M.D. SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filing Section

Letter Number: 906A00032502

**COVER LETTER**

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

SUBJECT: M. D. Services of Marco, 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  
(check sent previously)

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michael D. Simpson  
Name (Printed or typed)

P.O. Box 823  
Address

Goodland, FL 34140  
City, State & Zip

239-537-4653  
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. D. Services of Marco, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. Box 823  
Goodland, FL 34140

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lift + Dock Maintenance

## ARTICLE IV SHARES

The number of shares of stock is:

7,500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael D. Simpson Pres.  
673 Palm Ave. L Unit  
Goodland, FL 34140

## ARTICLE VI REGISTERED AGENT

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

Michael D. Simpson  
673 Palm Ave L Unit  
Goodland, FL 34140

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael D. Simpson  
673 Palm Ave. L Unit  
Goodland FL 34140

\*\*\*\*\*  
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

M. D. Simpson  
Signature/Registered Agent

M. D. Simpson  
Signature/Incorporator

5/16/06  
Date

5/16/06  
Date

FILED  
06 MAY -5 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA