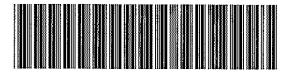
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COVER LETTER

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

SUBJECT:	PROPOSED CORPOR	OC ATE NAME – <u>MUST INCL</u>	UDE SÚFFÍX)
	(7.001 0.022 00.010 0.12		V
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Michael D.	CARTEN S. (Printed or typed)	
-	2425 Spows		2307
	(20) 321 -73	7/8 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: MCC MS IN ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 24250 Spoonwood Dr Charge Fe 32307 The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Michael D. CHETER Sm. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 3620 Cherry Bluff Lw Tallohossee, FL 32312 INCORPORATOR The name and address of the Incorporator is: 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