# P07000009597

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

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

SUBJECT: Mob	ile Document Services, Ir	nc.		
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l 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 o Status	
EDOM: N	lichael R Morse			
PROM	Name	(Printed or typed)		
	3923 Serenade Lane	Address		
	Lakeland, FL 33811	State & Zin		
	City,	State & Zip		
	863-370-9009			
Daytime Telephone number				

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

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# RECEIVED

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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2007

MICHAEL R MORSE 3923 SERENADE LN LAKELAND, FL 33811

SUBJECT: MOBILE DOCUMENT SERVICES, INC.

Ref. Number: W07000002535

We have received your document for MOBILE DOCUMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6855.

Tammy Hampton Document Specialist New Filing Section

Letter Number: 007A00003851

# 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:

Mobile Document Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 781

Kathleen, FL 33849

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

any and all lawful business

### 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):

Michael R Morse President

Amanda L Morse Secretary/Treasurer

## ARTICLE VI REGISTERED AGENT

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

Michael R Morse

Suite 206

4415 Florida National Drive

Lakeland, FL 33813

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael R Morse

Suite 206 4415 Florida National Drive

Lakeland, FL 33813

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

MIGHALL R MORSE Date

Date

Date

Date