## 070000630

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
, , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
11167-24763				
-101010				
Office Use Only				



000102689930

05/21/07--01028--018 \*\*87.50

2007 HAY 30 AH 8: 08





May 21, 2007

DENISE LASHBROOK 2551 S. PALM AIRE DR. #105 POMPANO BEACH, FL 33069

SUBJECT: M.D. SOLUTIONS, INC. Ref. Number: W07000024263

We have received your document for M.D. SOLUTIONS, INC.. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is L06000114719 - MD SOLUTIONS, LLC.

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) 245-6934.

Letter Number: 407A00035248

Loria Poole Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

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

SUBJECT:	MDL Solu				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
-2 ( ++ 1) 0- 0000 3 112 1 3					
Final Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
Enclosed are an original and one (1) copy of the articles of incorporation and a circle for.					
\$70.00	\$78.75	<b>\$78.75</b>	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
	(Paid)	ADDITIONAL CO	PY REQUIRED		
	(				
FROM:	FROM: Denise Lashbrook Name (Printed or typed)				
2551 S. Palm Aire Dr. 105 Address					
2551 S. Falm HIPE Dr. 103					
_					
	Pompano Beach Fr 33069				
	Pompano Blach, Fr 33069 City, State & Zip				
,					
	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:				
MDL Solutions IInc.				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Z007 MAY 30 SECRETARY TALLAHASSE			
	ARE A			
2551 S. Palm Aircor, 105 Pompano Brach, Fr 33069	ASS			
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
Customer Service	HAY 30 AH 8: 08 CRETARY OF STATE LAHASSEE, FLORIDA			
ARTICLE IV SHARES The number of shares of stock is:				
(00				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):				
Denise Lashbrook, President				
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
Denise Lashbrook				
2551 5, Palm ATCDT, 105 Pompano Brack, FL 33069				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Denise Lashbrook				
25513. Pain Aire Dr., 105				
Pompano Bach F1 33069	********			
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				
Wexise Lashbrook	5/24/07			
Signature/Registered Agent	5/24/07 Date			
(Nenise Lashbrook	5/24/07			
Signature/Incorporator	Date			