

PO7000107660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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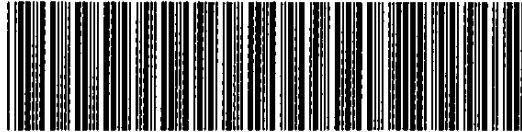
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/27/07

COVER LETTER

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

SUBJECT: MCR REPORTING
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michelle C. Rubin
Name (Printed or typed)

2400 PORTOFINO CIRCLE #107
Address

PALE BEACH GARDENS, FL 33418
City, State & Zip

321-422-9692
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:

MCR REPORTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

24000 PORTOFINO CIRCLE APT. 107
PALM BEACH GARDENS, FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COURT REPORTING OF LEGAL TRANSCRIPTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michelle C. Rubin PRESIDENT, SECRETARY

ARTICLE VI REGISTERED AGENT

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

Michelle C. Rubin
24000 PORTOFINO CIRCLE APT. 107
PALM BEACH GARDENS, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelle C. Rubin
24000 PORTOFINO CIRCLE #107
PALM BEACH GARDENS, FL 33418

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

Michelle C. Rubin
Signature/Registered Agent

9/2/07
Date

Michelle C. Rubin
Signature/Incorporator

9/2/07
Date

FILED
07 SEP 25 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA