

PO8000074899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

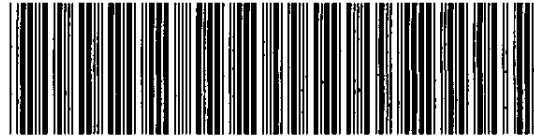
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900134138459

08/11/08--01018--009 \*\*78.75

FILED  
08 AUG 11 AM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: M&S TECH CORPORATION - ARTICLE OF INCORPORATION  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

FROM: SALVATORE E. ROLLERI

Name (Printed or typed)

5041 COVEVIEW DR.

Address

SAINT CLOUD, FL 34771

City, State & Zip

407-592-1022

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&S Tech Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5041 COVEVIEW DR.  
SAINT CLOUD, FL 34771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 common shares par value \$0.01

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President: Manuel R. Nino

Director: Salvatore E. Roller

Secretary: Salvatore E. Roller

**ARTICLE VI REGISTERED AGENT**

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

Salvatore E. Roller  
5041 Coveview Dr  
Saint Cloud, FL 34771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Omar J. Lopez d/b/a Bookeeping Business Solution  
104 Rock Springs Ct  
Kissimmee, FL 34743

**Bookeeping Business  
Solutions**

104 Rock Springs Ct  
Kissimmee, FL 34743


FILED  
08 AUG 11 AM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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



Signature/Registered Agent



Signature/Incorporator

08/06/08

Date

08-05-08

Date