

P09000029779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

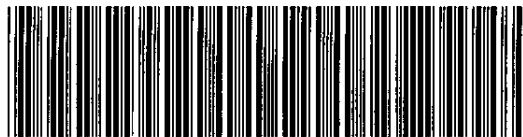
(Business Entity Name)

(Document Number)

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09 APR - 1 AM 10:05

RECEIVED  
CLERK OF STATE  
COLUMBIA, MO

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: M. G. Corp  
(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: Medardo Gomes  
Name (Printed or typed)

1385 47 Ave NE  
Address

Naples FL 34120  
City, State & Zip

239-253-4242  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2009

MEDARDO GOMES  
1385 47 AVE NE  
NAPLES, FL 34120

SUBJECT: M.G. CORP  
Ref. Number: W09000012835

We have received your document for M.G. CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.**

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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 209A00009229

# 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. G. Investment and Sons Inc*

## ARTICLE II PRINCIPAL OFFICE

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

*Medardo Gomes  
1385 47 Ave NE  
Naples FL 34120*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Investment*

## ARTICLE IV SHARES

The number of shares of stock is:

*1*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Medardo Gomes, President  
1385 47 Ave NE  
Naples FL 34120*

## ARTICLE VI REGISTERED AGENT

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

*Medardo Gomes  
1385 47 Ave NE  
Naples FL 34120*

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

*Medardo Gomes  
1385 47 Ave NE  
Naples FL 34120*

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*3-11-2009*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*3-20-2009*  
\_\_\_\_\_  
Date

FILED

09 APR - 1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA