

PO 9000041104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

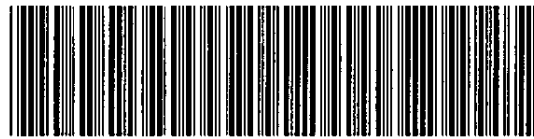
(Document Number)

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04/24/09--01029--008 **87.50

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09 MAY 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DA

COVER LETTER

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

SUBJECT: MPM Group, Inc.

(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: Maria P. Michaud

Name (Printed or typed)

5529 Deer Creek Drive

Address

Orlando, Florida 32821

City, State & Zip

407 967 9564

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2009

MARIA P MICHAUD
5529 DEER CREEK DRIVE
ORLANDO, FL 32821

SUBJECT: MPM GROUP, INC.
Ref. Number: W09000019624

We have received your document for MPM GROUP, INC. and your check(s) totaling \$87.50. 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.

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: 309A00014022

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:

MP Michaud Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5529 Deer Creek Drive
Orlando, Florida
32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide procurement and project services.

ARTICLE IV SHARES

The number of shares of stock is:

One Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria P. Michaud, President
5529 Deer Creek Drive
Orlando, Florida 32821

Thomas M. Michaud, Vice-President
5529 Deer Creek Drive
Orlando, Florida 32821

ARTICLE VI REGISTERED AGENT

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

Maria P. Michaud
5529 Deer Creek Drive
Orlando, Florida
32821

ARTICLE VII INCORPORATOR

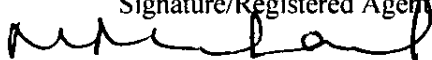
The name and address of the Incorporator is:

Maria P. Michaud
5529 Deer Creek Drive
Orlando, Florida 32821

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

04/20/2009

Date

04/20/2009

Date

FILED
09 MAY 11 AM 9:30
SECRETARY OF STATE
FLORIDA