

P10000001422

(Requestor's Name)

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(City/State/Zip/Phone #)

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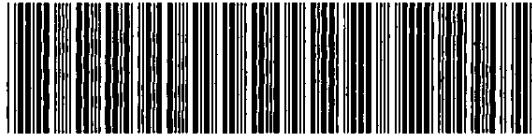
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Melanda Business Services, 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: Mardi Servidio  
Name (Printed or typed)

1333 Stonehaven Estates Dr.  
Address

W.P.B., FL 33411  
City, State & Zip

561-784-2294  
Daytime Telephone number

mardijoe@comcast.net  
E-mail address: (to be used for future annual report notification)

**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:

Melanda Business Services, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

1333 Stonehaven Estates Dr.  
W.P.B., FL 33411

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activities or business permitted.  
under the laws of the United States and Florida.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100 shares at \$1.00 per share

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

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

Mardi Servidio, 1333 Stonehaven Estates Dr., W.P.B., FL 33411 President  
Joseph Servidio, Jr. 1333 Stonehaven Estates Dr., W.P.B., FL 33411 Vice President

## **ARTICLE VI REGISTERED AGENT**

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

Mardi Servidio  
1333 Stonehaven Est. Dr.  
W.P.B., FL 33411

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mardi Servidio  
1333 Stonehaven Est. Dr.  
W.P.B., FL 33411

\*\*\*\*\*

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

Mardi Servidio  
Signature/Registered Agent

Mardi Servidio  
Signature/Incorporator

1/1/10  
Date  
1/1/10  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA