## P10000016193

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(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(50	Siness Entry Har	
(D-		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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

SUBJECT: MI JWAY FRAM	MING CORP TE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:		
☐ \$70.00 ☐ \$78.75 Filing Fee	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Timothy W. Provost Name (Printed or typed)			
7366 N. GALT Pt.			
CI HUS SPINGS FI 34434  City, State & Zip			
City, State & Zip  352-897-4384  Daytime Telephone number			
Provost WAYNE 41(0	Yahoo.com		
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)	FILED
ARTICLE I NAME	10 FEB 19 PM 1: 40
The name of the corporation shall be:  Midway Framins Corp.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is: (519)  7366 N. GALT Pt.  CITCLE III PURPOSE  The purpose for which the corporation is organized is:  ANY AND ALL BUSINESS	me)
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  P. F. Timothy Wayne Provost	
The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O. Box NOT acceptable) of th	he registered agent is:
CITUS SPRINGS, FI 34434  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Timothy Wayne Provost 7366 N. BAIL Pt. Citrus Springs, Fl 34434	**********
Having been named as registered agent to accept service of process place designated in this certificate, I am familiar with and accept the agree to act in this capacity	e appointment as registered agent and
Smothy W. Prount	$\frac{2-9-2010}{\text{Date}}$ $2-9-2010$
Signature/Registered Agent	Date 2-9-2010
Signature/Incorporator	Date