## P10000180919

(Re	questor's Name)		
(Ad	dress)		
•			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
,		·	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(120	cument Number)		
Certified Copies	_ Certificates	of Status	
•			
Special Instructions to	Filing Officer:		

Office Use Only



400188522084

12/14/10--01012--010 \*\*78.75

10 DEC 14 PH 12: 05
SECRETARY OF STATE
SHOWN ANASSET FLORIDA

MRD/15

## **COVER LETTER**

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

## SUBJECT: MAINFRAME MODERNIZATION AND SUPPORT 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: MR. GLENN SCHNECK	(Printed or typed)	<u>.                                    </u>
2412 COCO BAY CIRCL	E Address	
KISSIMMEE, FL 34743 City,	State & Zip	<del>,,</del>
321-439-4531  Daytime T	elephone number	
GASCHNECK@GMAIL.  E-mail address: (to be used	COM d for future annual repor	t 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)

The name of the corp			
ARTICLE II 1	PRINCIPAL OFFICE Principal street address	Mailir	ng address, if different is:
24	12 COCO BAY CIRCLE		ng dada oss, ir diriorent is.
	SSIMMEE, FL 34743		
			PS. O
RTICLE III P			
	ch the corporation is organized is:  AND PROFESSIONAL SERVICES		
CONSULTING	AND PROFESSIONAL SERVICES		OBEC 14 PHIZ: 05 SECRETARY OF STATE ALL AHASSEE FLORID
			70 P
			77 75
			27 0
			過程が
	SHARES s of stock is: 100 SHARES		7
ne number of snare	S OT STOCK IS: TOU STIANES		
ARTICLE V 1	NITIAL OFFICERS AND/OR DIRECTORS	S	
	e:	Name and Title:	
Address:		Address:	
	<u> </u>		
		<del> </del>	
Name and Titl	e:	Name and Title:	
Address:		Address:	
7 tuu: 055.			
		1 001.1	
	e:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	GLENN SCHNECK	•	
Address:	2412 COCO BAY CIRCLE KISSIMMEE, FL 34743	-	
	NISSIIVIIVIEE, EL 34743	-	
ARTICLE VII 1	NCORPORATOR		
The <u>name and addr</u>	ess of the Incorporator is:		
Name:	GLENN SCHNECK		
Address:	2412 COCO BAY CIRCLE	=	
	KISSIMMEE, FL 34743	-	
Having heen named	as registered agent to accept service of process	for the above stated of	corporation at the place designated
	familiar with and accept the appointment as regi		
•	· / · ·		
Ille.	m a. Schil		12 /10/2010
	Required Signature/Registered Agent		Date .
	, ,	_	
	nent and affirm that the facts stated herein are		
locument to the Dep	partment of State constitutes a third degree felony	as provided for in s.81	17.155, F.S.
12//	all		12/1
Klas	Required Signature/Incorporator	·····	12/10/2010
_	Required Signature/Incorporator		, Date