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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 DEC 30 AM 10:12

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AND  
FILED

VA

## COVER LETTER

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

SUBJECT: **FMT 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: **ROSEMARY IODICE**

Name (Printed or typed)

**3505 KING GEORGE DR**

Address

**ORLANDO, FL. 32835**

City, State & Zip

**321-438-7794**

Daytime Telephone number

**RIODICE@CFL.RR.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: FMT Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3505 King George Dr.  
Orlando, FL 32835

Mailing address, if different is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Business Services & Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred

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

Name and Title: ROSEMARY IODICE, Director  
Address: 3505 King George Dr.  
Orlando, FL 32835

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Rosemary Iodice  
Address: 3505 King George Dr.  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosemary Iodice  
Address: 3505 King George Dr.  
Orlando, FL 32835

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

*Rosemary Iodice*  
\_\_\_\_\_  
Required Signature/Registered Agent

12/27/2010

\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Rosemary Iodice*  
\_\_\_\_\_  
Required Signature/Incorporator

12/27/2010

\_\_\_\_\_  
Date

APPROVED  
AND  
FILED

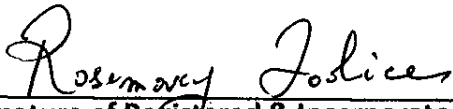
# FMT SERVICES, INC.

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ADDENDUM to Articles of Incorporation:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article VIII    Effective Date: December 27, 2010**

  
\_\_\_\_\_  
Signature of Registered & Incorporator Agent

**Date: 12/27/2010**