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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

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

SUBJECT: M.C. & Cor	M POUN U ATENAME – MEST INCLUDE SUFFIX)
(PROPOSED CORPORA	ATEINAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Mariel (astand e (Printed or typed)
<u>6280 Nu</u>	173 rd St. Address
Hialeah	FL 33015 , State & Zip
	55 - 2014 Telephone number
	ed for future annual report notification)

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



RECEIVED

11 JAN 21 PM 12: 55

FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

January 10, 2011

MARIEL CASTANO 6280 NW 173RD ST HIALEAH, FL 33015

SUBJECT: M.C.S COMPANY Ref. Number: W11000001553

We have received your document for M.C.S COMPANY 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 211A00000827

www.sunbiz.org

D O DOV 600H M 11 1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	nc.		
Principal office Principal street address 6280 NW 173 of 5+ \$1202 Haleah, FL 33015	Mailing address, if different	is:	
The purpose for which the corporation is organized is:		2011	
For business Servicing purpo ARTICLE IV SHARES The number of shares of stock is:	ses.	JAN 21 PN 4: PALLARY OF STAN	FILED
Name and Title: Mancl Castano Address: President 6280 UW 173 95+ Halcah, FL 330 S	Name and Title:Address:		
Name and Title:Address:			
Name and Title:Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Address:	the registered agent is:		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: D280 NW 173rd St Haleah, FL 33015.	- - -		
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as region Required Signature/Registered Agent	istered agent and agree to act in this capacity		
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony Required signature/incorporator	true. I am aware that the false information y as provided for in s.817.155, F.S.	submitted in a	