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## COVER LETTER

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

**SUBJECT: Mid-State Contracting Enterprise 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: Wazeer Ally

Name (Printed or typed)

202 Marion Oaks Ln.

Address

Ocala FL 34473

City, State & Zip

352-207-9090

Daytime Telephone number

wazeerally@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: **Mid-State Contracting Enterprise Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**202 Marion Oaks Ln**  
**Ocala FL 34473**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**To conduct all legal business.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Wazeer Ally (President)**  
Address: **202 Marion Oaks Ln**  
**Ocala FL 34473**

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

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

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 the registered agent is:

Name: **Wazeer Ally**  
Address: **202 Marion Oaks Ln**  
**Ocala FL 34473**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: **Wazeer Ally**  
Address: **202 Marion Oaks Ln**  
**Ocala FL 34473**

*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*

 **Wazeer Ally**  
Required Signature/Registered Agent

**1-13-11**  
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.*

 **Wazeer Ally**  
Required Signature/Incorporator

**1-13-11**  
Date

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MID-STATE  
CONTRACTING ENTERPRISE INC.