

P11000015012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

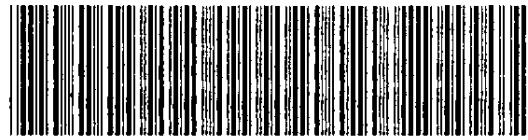
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 FEB 11 PM 4:41

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T. Burch FEB. 14 2011

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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status 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 Mid-State Contracting Enterprise Inc.
The name of the corporation shall be:

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.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: 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

1-13-11

Date

Required Signature/Registered Agent

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

1-13-11

Date

Required Signature/Incorporator