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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : 20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MD PROPERTY SERVICES INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MD PROPERTY SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10524 MOSS PARK RD STE 204-134
ORLANDO, FLORIDA 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT, VICE PRESIDENT
TRACIE KYKER
10524 MOSS PARK RD STE 204-134
ORLANDO, FLORIDA 32832

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


TRACIE KYKER
10524 MOSS PARK RD STE 204-134
ORLANDO, FLORIDA 32832

ARTICLE VII INCORPORATOR


The name and street address of the incorporator is:

TRACIE KYKER
10524 MOSS PARK RD STE 204-134
ORLANDO, FLORIDA 32832

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.


TRACIE KYKER / Registered Agent

8/4/11
Date


TRACIE KYKER / Incorporator

8/4/11
Date

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