

P11220084957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

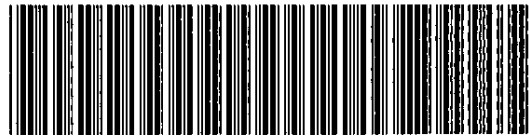
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/28/11--01006--011 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 28 PM 3:42

PS 9/28/11

## COVER LETTER

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

SUBJECT: MDM MULTI 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: DOMINIQUE VILSAINT

Name (Printed or typed)

227 LINCOLN DR

Address

ROCKLEGDE, FL 32926

City, State & Zip

(321) 208-4416

Daytime Telephone number

FCFPROSERVICES@YAHOO.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

MDM MULTI SERVICES INC.

The name of the corporation shall be:

11 SEP 28 PM 3:43

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

227 LINCOLN ROAD

COCOA, FL 32926

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SALE MUTIPLE PRODUCTS AND SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 01

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

Name and Title: DOMINIQUE VILSAINT, OWNER

Address: 227 LINCOLN ROAD

COCOA, FL 32926

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: DOMINIQUE VILSAINT

Address: 227 LINCOLN ROAD

COCOA, FL 32926

**ARTICLE VII INCORPORATOR**

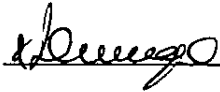
The name and address of the Incorporator is:

Name: ECF PROFESSIONAL SERVICES INC.

Address: 1006 SIBONEY ST NW

PALM BAY, FL 32907

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

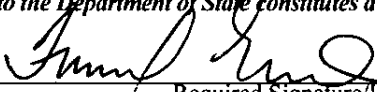


Required Signature/Registered Agent

09/24/2011

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.



Required Signature/Incorporator

09/24/2011

Date