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5537 P 001 005

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
MC MULTISERVICE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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October 28, 2011

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: MC MULTISERVICE INC.
REF: W11000055220

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000001083 (M & C MULTISERVICES INC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch

FAX Aud. #: H11000258200
P.O BOX 6327 - Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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H11000258200

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MCC Multiservice Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4344 W 9th
Hialeah, FL 33012

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marielys Cutino
4344 W 9th
Hialeah, FL 33012

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Marielys Cutino
4344 W 9ct
Hialeah FL 33012

The undersigned incorporator has executed these Articles of Incorporation this

27 day of October 2011.

Signature

ARTICLE VI - DIRECTOR(S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Marielys Cutino	and	Arturo A Ceron-Beltran
4344 W 9ct		4344 W 9ct
Hialeah, FL 33012		Hialeah FL 33012
President		Vice-President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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