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COVER LETTER

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

SUBJECT: MID-FLORIDA MEDIATION SERVICES, INC.

nclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Dorothy M. Maier	(Printed or typed)
435 S. Ridgewood Avenu	Je Address
Daytona Beach, FL 321	14 State & Zip
386-872-3610 Daytime Te	elephone number
dmaier2@cfl.rr.com E-mail address: (to be used	I 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 II	PRINCIPAL OFFICE			
	Principal street address	Mailing add	lress, if different is:	
	435 S. Ridgewood Avenue		od Avenue	
	Daytona Beach, Fl 32114		FI 32114	
RTICLE III	PURPOSE	<u> </u>		
he purpose for Mediation s	r which the corporation is organized is: services and all lawful business pu	rposes.		
RTICLE IV he number of s	SHARES shares of stock is: 100			
RTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS		
	Title:Dorothy M. Maier 435 S. Ridgewood Avenue Daytona Beach, Fl 32114	Name and Title: Presider Address: 435 S. R	nt/Secretary Ridgewood Avenue Beach, Fl 32114	
Name and Address:	Title:	Address:		
Name and Address:	Title:	Address:	 	
D#161 B 117			— l.i. ✓	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	shla) of the registered agent is:	→ = = = = = = = = = = = = = = = = = = =	
Name:	Dorothy M. Maier			
Address:	435 S. Ridgewood Avenue		SS SS	
	Daytona Beach, Fl 32114			
	•		ŦŢ	
RTICLE VII				
ne <u>name and a</u> Name:	address of the Incorporator is: Dorothy M. Maier			
Address:	435 S. Ridgewood Avenue Daytona Beach, Fl 32114		P	
Tavina haan na	med as registered agent to accept service of	nrocass for the above stated corner	ution at the place designated is	
	I am familiar with and accept the appointment			
- Wed	Required Signature/Registered Age		9/16/12	
	Required Signature/Registered Age	nt	Date	
submit this do	ocument and affirm that the facts stated here Department of State constitutes a third degree	rin are true. I am aware that the fa	ulse information submitted in	
VIII III III III	Department of state constitutes a triba degree	; jeiony as provided for in 5.017.155,	4/11/10	
		I	11 (1011 22	