## 712000038127

·				
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PICK-UP WAIT MAIL				
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2012 APR 23 PH 1: 1/2
SECRETARY OF STATE

J. Shivers APR 2.4 2077



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2012

MCDEVITT CONSULTING & DESIGN 8787 SOUTHSIDE BLVD APT 904 JACKSONVILLE, FL 32256

SUBJECT: MCDEVITT CONSULTING & DESIGN

Ref. Number: W12000020731

We have received your document for MCDEVITT CONSULTING & DESIGN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 812A00011729

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	· A —	1.7
The name of the	NAME Corporation shall be: MUDEVIT CON	ISULTING & WES	IGN & INCORPORATED
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address 8787 SOUTHENDE BLUD APT TOU  ACKSON VILLE FL 3225C	Mailing a	address, if different is:
ARTICLE III The purpose for			
•	TO BEGIN A NEW SN	nall Business	
ARTICLE IV The number of sh	SHARES ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>	
Name and Address:	Per 904 TACADELLE FL 32256	Address:	
Name and	l'itle:	Name and Title:	
Address:			
Name and 'Address:	Citle:	Name and Title: Address:	
ARTICLE VI	REGISTERED AGENT	<del></del>	20 AL
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	CA IZ
Name: Address:	ANDREW K. MU CUTTE 8787 SOUTHERDE HUND APT 904 TALESONVILLE F		APR 23
ARTICLE VII	INCORPORATOR	·	an <b>æ</b> an
~~	dress of the Incorporator is:		C
Name: Address:	ANDERD K. MUDENT B7B7 FOUTHSIDE DIVI Apt. GOY Vallsoning		RIDA
Having been nar	ned as registered agent to accept service of pro	scess for the above stated corne	pration at the place designated in
this certificate, I d	im familiar with and accept the appointment as	registered agent and agree to a	ct in this capacity
	Required Signature/Registered Agent	<del></del>	4.8.2017
I submit this doc	DLEW K. NKDENIT ument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the lony as provided for in s.817.1:	false information submitted in a 55, F.S.
In	Required Signature/Incorporator		4.8.2012 Date
ANDE	EW K. MYDENT		