

P12000068303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

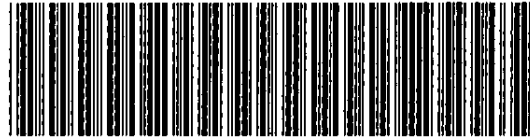
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MP*  
*8/8/12*

## COVER LETTER

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

**SUBJECT: MSDN Investments, 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: **Michael Simoniello**

Name (Printed or typed)

**891 NW 109th Terrace**

Address

**Coral Springs, FL 33071**

City, State & Zip

**561-744-5570**

Daytime Telephone number

**marcoastone@aol.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)

## ARTICLE I NAME

The name of the corporation shall be:

MSDN Investments, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
891 NW 109th Terrace  
Coral Springs, FL 33071

Mailing address, if different is:  
P.O. Box 9580  
Coral Springs, FL 33075-9580

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Professional Corporation

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Simoniello, President  
Address: P.O. Box 9580  
Coral Springs, FL 33075-9580

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Nickolaus Simoniello, V President  
Address: P.O. Box 9580  
Coral Springs, FL 33075-9580

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Yuan Yuan Shen, Treasurer  
Address: P.O. Box 9580  
Coral Springs, FL 33075-9580

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

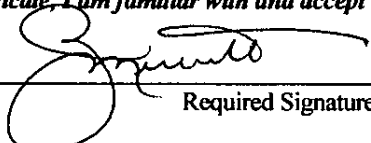
Name: Michael Simoniello  
Address: 891 NW 109th Terrace  
Coral Springs, FL 33071

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Simoniello  
Address: 891 NW 109th Terrace  
Coral Springs, FL 33071

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

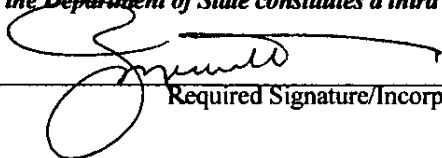


Required Signature/Registered Agent

August 3, 2012

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

August 3, 2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA