

P130000416921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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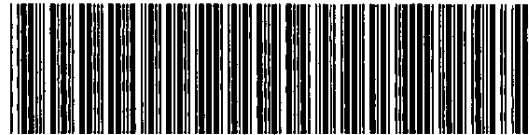
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2013

MIKE SADLER
6318 HOFSTRA CT.W.
FORT MYERS, FL 33919

SUBJECT: MDS SERVICES OF SWF, INC.
Ref. Number: W13000028664

We have received your document for MDS SERVICES OF SWF, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 313A00012221

COVER LETTER

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

SUBJECT: MDS Services of SWF, 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: Mike Sadler

Name (Printed or typed)

6318 Hofstra Ct. W.

Address

Fort Myers, Fl. 33919

City, State & Zip

(239) 826-7630

Daytime Telephone number

mikesadler@reagan.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: MDS Services of SWF, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

Mike Sadler

6318 Hofstra Ct. W.

Fort Myers, Fl. 33919

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales, doing business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mike Sadler

Address: 6318 Hofstra Ct. W.

Fort Myers, Fl. 33919

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mike Sadler

Address: 6318 Hofstra Ct. W.

Fort Myers, Fl. 33919

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

M. S. Sadler
Required Signature/Registered Agent

5.8.2013
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.

M. S. Sad
Required Signature/Incorporator

5.8.2013
Date