P13000059894

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
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(Busi	ness Entity Nar	ne)
(Doce	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE AND ASSET FLORE

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COVER LETTER

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

SUBJECT: MT	C Services Inc.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	l 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 CO	PY REQUIRED
FROM: E	ric Leonard	e (Printed or typed)	
45	50 Inglewood Dr.		
		Address	<u> </u>
Pa	alm Springs, FL	33461	
	City,	State & Zip	
(5	61) 644-1866		
	Daytime T	elephone number	
22	1Theory@gmail.co	m	
	E-mail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.



June 14, 2013

ERIC LEONARD 450 INGLEWOOD DR. PALM SPRINGS, FL 33461

SUBJECT: MTC SERVICES INC. Ref. Number: W13000034692

We have received your document for MTC SERVICES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 313A00015040

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

name of the corpo	nation shall be: marcol services in	nc.	
<u>rticle II Pi</u>	RINCIPAL OFFICE Principal street address		13 JUL 12 AMII:
50 Inglewoo alm springs	s , Fl 33461		SECRETARY OF ST TALLAHASSEE FLO
TICLE III PU	RPOSE the corporation is organized is: any an	d all legal buisness	3
TICLE IV SH	ARES 100		
TICLE IV SH number of shares of	ARES 100 f stock is:		
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR		
TICLE V IN	rtial officers and/or director le: Eric Leonard, president	Name and Title:	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR		
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR le: Eric Leonard, president 450 Inglewood dr.	Name and Title:	
Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTOR le: Eric Leonard, president 450 Inglewood dr.	Name and Title: Address:	
Name and Tit Address	rtial officers and/or director le: Eric Leonard, president 450 Inglewood dr. palm springs ,Fl 33461	Name and Title: Address: Name and Title:	
Name and Tit Address	rtial officers and/or director le: Eric Leonard, president 450 Inglewood dr. palm springs ,FI 33461	Name and Title: Address: Name and Title:	
Name and Tite Address Name and Tite Address	rtial officers and/or director le: Eric Leonard, president 450 Inglewood dr. palm springs ,FI 33461	Name and Title: Address: Name and Title: Address:	
Name and Tite Address Name and Tite Address	Eric Leonard, president 450 Inglewood dr. palm springs ,FI 33461	Name and Title: Address: Name and Title: Address:	

FILED

Name and Title:		Name and Title: 13 JUL 12 AM 11: 22		
Addre	ess	_ Address: _	SECRETARY OF STATE TALLAHASSEE FLORIBA	
		<u> </u>	TALLAHASSEE FLORIDA	
		_		
•				
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agen	nt is:	
Name:	Eric Leonard			
Address:	450Inglewood dr.	-		
Addiess.	Palm springs ,FL 33461	_		
		-		
ARTICLE VI	I INCORPORATOR			
The <u>name and</u>	address of the Incorporator is:			
Name:	Eric Leonard	_		
Address:	450 Inglewood dr.	_		
A toda oos.	Palm springs ,FI 33461	_		
		_		
Having been no	amed as registered agent to accept service of process I am familigr,with and accept the appointment as reg	s for the above state	ed corporation at the place designated in	
inis cerujicuie,			_	
an	Required Signature/Registered Agent		$\frac{7-7-13}{\text{Date}}$	
1E	ocument and affirm that the facts stated herein are		hat the folse information submitted in a	
i submit inis ad document to the	ocument and ujjirm that the jacts stated hereth are e Department of State constitutes a third degree felon	irue. I am aware a iy as provided for in	s.817.155, F.S.	
Com	Trom		7-7-13	
	Required Signature/Incorporator		Date	