

P/3000059894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

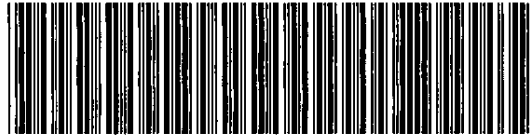
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
~~W/3-34692~~

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13 JUL 12 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

**COVER LETTER**

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

**SUBJECT: MTC Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Eric Leonard**  
Name (Printed or typed)

**450 Inglewood Dr.**  
Address

**Palm Springs, FL 33461**  
City, State & Zip

**(561) 644-1866**  
Daytime Telephone number

**221Theory@gmail.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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)

**ARTICLE I NAME**  
The name of the corporation shall be: marcol services inc.

**FILED**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: 13 JUL 12 AM 11:22

450 Inglewood dr.  
Palm springs , Fl 33461

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any and all legal buisness

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eric Leonard, president Name and Title: \_\_\_\_\_

Address: 450 Inglewood dr. Address: \_\_\_\_\_

palm springs ,Fl 33461 \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED

Name and Title: \_\_\_\_\_ Name and Title: 13 JUL 12 AM 11:22  
 Address \_\_\_\_\_ Address: SECRETARY OF STATE  
 \_\_\_\_\_ TALLAHASSEE FLORIDA  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Eric Leonard  
 Address: 450 Inglewood dr.  
Palm springs ,FL 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric Leonard  
 Address: 450 Inglewood dr.  
Palm springs ,FL 33461

*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

7-7-13  
 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

7-7-13  
 Date