Division of Corporations Electronic Filing Cover Sheet

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(((H130001733623)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Email Address:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (800)221-2972

Phone : (800)221-2972 Fax Number : (888)692~9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

FLORIDA PROFIT/NON PROFIT CORPORATION

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MP Construction Inc.

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Corporate Filing Menu

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From:

08/07/2013 11:43

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850-617-6381

8/7/2013 10:49:42 AM PAGE

1/001 Fax Server



August 7, 2013

FLORIDA DEPARTMENT OF STATE

BLUMBERT/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: MARK POTIA CONSTRUCTION INC.

REF: W13000044040

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H13000173362 Letter Number: 113A00018913 From:

	In compliance with Chapte		· = ·	SECRETA FALLAHAS
The name of the corpo	ration shall be: Mark Potia Co	nstruction Inc.		SSE ~
ARTICLE II P			Mailing address, if di	AR C:
48-16 Balboa D	rive	48-	16 Balboa Drive	골프 3
Orlando, FL 328	308	Orla	ando, FL 32808	» ·
ARTICLE III PU	RPOSE  1 the corporation is organized is:	onstruction	- Tile Instal	lation
			,	
		<del></del>		
	······································		·	·····
	IARES of stock ls: 200 ITTIAL OFFICERS AND/OR DI tle: Mark Anthony Potia , Pro		Title:	
Address	48-16 Balboa Drive	Address:		
Addigo	Orlando, FL 32808			
Name and Tit	le:	Name and	Tiçle:	
Address		Address:		
Name and Tit	le:	Name and	Title:	
Address	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Address:		
			***************************************	

#157 P.004/004

(contl.)

Name an	d Title:	Name and Title:	
Address		Address:	24 <b>3</b>
			AUG
			ASS 1
			SE C 2
ARTICLE VI	REGISTERED AGENT forida street address (P.O. Box NOT acceptable	e) of the registered agent is:	AM IO: 15
Name:	Mark Anthony Potia		OA A
Address:	48-16 Balboa Drive		
	Orlando, FL 32808		
The name and an Name:	INCORPORATOR  Idress of the Incorporator is:  Ana Maisonave	, minimum.	
Address:	16 Court St		
	Brooklyn, NY 11241		
Having been nat	med as registered agent to accept service of pro am familiar with and accept the appointment a Required Signature/Registered Agent	ocess for the above stated corporate a registered agent and agree to act	ion at the place designated in in this capacity  8 - 6 - 13  Date
I submit this do document to the	Required Signature/Registered Agent cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the fals clony as provided for in s.817.155,	e information submitted in a
ana "	Monsovian		8-6-13
	Required Signature/Incorporator		Date