

P14000008135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

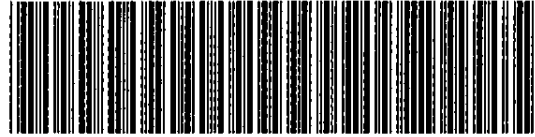
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200255298172

01/21/14--01009--007 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 JAN 21 AM 9:34

111

## COVER LETTER

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

**SUBJECT: MLB CONTRACTING 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com**  
Name (Printed or typed)

**1 Radisson Plaza, Suite 800**  
Address

**New Rochelle, NY 10801-5769**  
City, State & Zip

**877-330-2677**  
Daytime Telephone number

**lisab@zlogisticsllc.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2014 JAN 21 AM 9:34

**ARTICLE I NAME**

The name of the corporation shall be:

**MLB CONTRACTING SERVICES INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**2045 Jammes Rd #290**

**Jacksonville, FL 32210**

Mailing address, if different is:

**2045 Jammes Rd #290**

**Jacksonville, FL 32210**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Business Services**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **MELISSA BRILL - PRESIDENT**

Address: **2045 JAMMES ROAD #290**  
**JACKSONVILLE, FL 32210**

Name and Title: **MELISSA BRILL - TREASURER**

Address: **2045 JAMMES ROAD #290**  
**JACKSONVILLE, FL 32210**

Name and Title: **MELISSA BRILL - VICEPRESIDENT**

Address: **2045 JAMMES ROAD #290**  
**JACKSONVILLE, FL 32210**

Name and Title:

Address:

Name and Title: **MELISSA BRILL - SECRETARY**

Address: **2045 JAMMES ROAD #290**  
**JACKSONVILLE, FL 32210**

Name and Title:

Address:

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 2014 JAN 21 AM 9:34

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Incorp Services, Inc

Address: 17888 67th Court North

Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MyUSACorporation.com

Address: 1 Radisson Plaza, Suite 800

New Rochelle, NY 10801-5769

*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*

J. P. Hunter (Attorney-in-fact)  
Required Signature/Registered Agent

1/15/14  
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.*

J. P. Hunter  
Required Signature/Incorporator

1/15/14  
Date

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2014.

  
\_\_\_\_\_  
Aurora Murtey, Secretary

Dated: December 09, 2013

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada.  
County of Clark

  
\_\_\_\_\_  
Notary Public in the State of Nevada

