

P/4000058100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

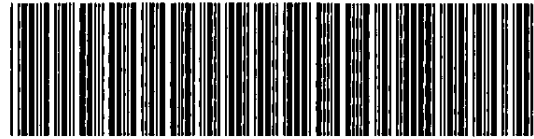
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/07/14--01024--009 **78.75

APPROVED
AND
FILED

14 JUL -7 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: **M.P.C. - A.S.G. 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: **Michael Carroll**

Name (Printed or typed)

145 Shoreline Dr.

Address

Mary Esther, FL 32569

City, State & Zip

850-691-8523

Daytime Telephone number

m.p.c.inc@hotmail.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)

APPROVED
AND
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14 JUL -7 PM 4:03

ARTICLE I NAME

The name of the corporation shall be: M.P.C. - A.S.G. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

145 Shoreline Dr.

Mary Esther, FL 32569

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teaches the concept of advanced security operations

ARTICLE IV SHARES

The number of shares of stock is: 1000 common shares at par value \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Carroll Name and Title: N/A

Address: 145 Shoreline Dr. Address: _____

Mary Esther, FL 32569 _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

APPROVED
AND
FILED (cont)

14 JUL -7 PM 4: 03

Name and Title: <u>N/A</u>	Name and Title: <u>N/A</u>
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:

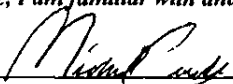
Name: Michael Carroll
Address: 145 Shoreline Dr.
Mary Esther, FL 32569

ARTICLE VII INCORPORATOR

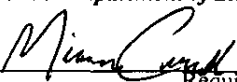
The **name and address** of the Incorporator is:

Name: Michael Carroll
Address: 145 Shoreline Dr.
Mary Esther, FL 32569

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

<u></u>	<u>7/3/2014</u>
Required Signature/Registered Agent	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.

<u></u>	<u>7/3/2014</u>
Required Signature/Incorporator	Date