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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
MPA Business Solutions Corp.

Certificate of Status	0
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AUG 18 2015

S. GILBERT

COVER LETTER

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

SUBJECT: MPA Business Solutions Corp.
(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: Alan Schreiber
Name (Printed or typed)

14311 Biscayne Blvd. #3421
Address

North Miami, FL 33261-3421
City, State & Zip

305-728-9318
Daytime Telephone number

mpainc157@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED

15 AUG 17 PM 2:42

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: MPA Business Solutions Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
12500 N.E. 15th Ave. Apt 611	14311 Biscayne Blvd. #3421
North Miami, FL 33161	North Miami, FL 33261-3421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Schreiber President
Address: 12500 N.E. 15th Ave. #611
North Miami, FL 33161

Name and Title:
Address:

Name and Title: Paul Schreiber Vice President
Address: 1404 Lake Bass Dr.
Lake Worth, FL 33461

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont'd.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Alan Schreiber

Address: 14311 Biscayne Blvd #3421

North Miami, FL 33261-3421

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan Schreiber

Address: 12500 N.E. 15th Ave. 611

North Miami, FL 33161

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

Alan Schreiber — 08/14/2015

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.

Alan Schreiber — 08/14/2015

Required Signature/Incorporator — Date