

**PK5000052262**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

15 NOV 19 PM 5:29

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

Email Address:

STATE  
TALLAHASSEE  
FLORIDA

NOV 12 PM 2:56

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MSW LITIGATION SUPPORT SERVICES P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**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: MSW LITIGATION SUPPORT SERVICES P.A.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address: 20020 Veterans Boulevard, Suite 1  
Port Charlotte, Florida 33954  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Accounting firm offering traditional  
accounting services and accounting support for litigation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title: Mira Stagers White, Pres., VP, Sec. Name and Title: \_\_\_\_\_  
Address: 20020 Veterans Boulevard Address: \_\_\_\_\_  
Suite 1  
Port Charlotte, Florida 33954

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(cont.)

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: Mira Stagers White  
Address: 3244 Homewood Avenue  
North Port, Florida 34286

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:


Name: Mira Stagers White  
Address: 20020 Veterans Boulevard, Suite 1  
Port Charlotte, Florida 33954

*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

11/4/15  
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.817.153, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11/4/15  
Date