

P/6000042165

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 12 AM 11:06

6016-32788

m, m



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2016

MICHAEL GALLAGHER  
4811 W. ESTRELLA STREET  
TAMPA, FL 33629

SUBJECT: MDG CONSULTING INC.  
Ref. Number: W16000032788

We have received your document for MDG CONSULTING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000117686.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon  
Regulatory Specialist II

Letter Number: 816A00009336

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 12 AM 11: 06

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** MD GALLAGHER CONSULTING 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:** MICHAEL GALLAGHER

\_\_\_\_\_  
Name (Printed or typed)

4811 WEST ESTRELLA STREET

\_\_\_\_\_  
Address

TAMPA FLORIDA 33629

\_\_\_\_\_  
City, State & Zip

813.446.6644

\_\_\_\_\_  
Daytime Telephone number

mike@mdgconsultinc.

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 12 AM 11:06

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** MD GALLAGHER CONSULTING INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

4811 W Estrella St

Tampa FL 33629

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any and all legal business.

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

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

Name and Title: Michael D Gallagher / President

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

Address 4811 W Estrella St.

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

Tampa FL 33629

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA  
16 MAY 12 AM 11:06

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: Mike Gallagher

Address: 4811 W Estrella St

Tampa FL 33629

**ARTICLE VII INCORPORATOR**

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

Name: Michael D Gallagher

Address: 4811 W Estrella St

Tampa FL 33629

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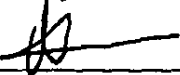
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5.9.2016  
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.*

  
Required Signature/Incorporator

5.9.2016  
Date