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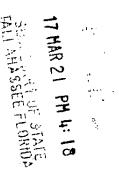
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COVER LETTER

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

SUBJECT: Mc	W Management Services, Inc.				
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an	original and one (1) copy of the a	urticles of incorporation and	d a check for:		
S70.0 Filing Fe	• • • • •	■ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		ne (Printed or typed)	· 		
	1250 Barclay Blvd	Address			
·	Buffalo Grove, IL 60089				
City, State & Zip					
	877-894-0073				
	Daytime Telephone number				
	mark@mccurdywalden.com				
•	F-mail address (to be us	ed for future annual report i	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)

The name of the corpo	VCIPAL OFFICE Principal street address		Mailing address, if different is:
5267 Commonwealth	Avenue		
Jacksonville, FL 3225	4		
ARTICLE III PURI The purpose for which	POSE to act a to act a to act a	as a management comp	any
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			FLOAP -
ARTICLE IV SHA. The number of shares of	RES 1000 of stock is:		** [']
The number of shares of	of stock is: IAL OFFICERS AND/OR DIRECTORS tle:	<u>Σ</u> Name and Title	Mark Walden/Director
The number of shares of the number of the number of the number of shares of the number of th	MAL OFFICERS AND/OR DIRECTORS tele: 5267 Commonwealth Avenue		Mark Walden/Director 5267 Commonwealth Avenue
The number of shares of shares of the number of shares of the share and Ti	of stock is: IAL OFFICERS AND/OR DIRECTORS tle:	Name and Title	Mark Walden/Director
The number of shares of ARTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Ile: Jonathan Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254	Name and Title Address:	Mark Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254
The number of shares of ARTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Ile: Jonathan Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254	Name and Title Address: Name and Title	Mark Walden/Director 5267 Commonwealth Avenue
The number of shares of ARTICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTOR: Jonathan Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254 e:	Name and Title Address: Name and Title Address: Address:	Mark Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254
The number of shares of ARTICLE V INIT Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Ide: Jonathan Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254 e:	Name and Title Address: Name and Title Address: Address:	Mark Walden/Director 5267 Commonwealth Avenue Jacksonville, FL 32254

Name a	and Title:	Name and Title:	
Addre	ess	Address:	
	· · · · · · · · · · · · · · · · · · ·		
		<u></u>	
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptab Kathy Cold/Holbrook, Akel, Cold, Ray & Ro	· -	
Name:			777
Address:	1 Independent Drive #2301		T &
	Jacksonville, FL 32202		17 MAR 21 PM 4: 18
ADTICLEUM	MICORDONATOR		P P
	<u>INCORPORATOR</u>		元 · · · · · · · · · · · · · · · · · · ·
The <u>name and</u>	address of the Incorporator is: Mark Walden		986 a
Name:			₹>'
Address:	5267 Commonwealth Avenue		
	Jacksonville, FL 32254		
Effective date,	if other than the date of filing:	(OPTIONA	L)
(If an effective filing.)	e date is listed, the date must be specific and ca	nnot be more than five days	prior or 90 days after the
	ate inserted in this block does not meet the applica	ble statutory filing requiremen	nts, this date will not be listed as
	effective date on the Department of State's recor		,
Having been n	amed as registered agent to accept service of pro-	cess for the above stated corp	oration 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
_ Kect	Required Signature/Registered Agent		
•	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein of e Department of State constitutes a third degree for		
	man		
Req	uired Signature/Incorporator		Date

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