3/31/2021

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FLORIDA PROFIT/NON PROFIT CORPORATION MDS ENTERPRISES OF FLORIDA, INC.

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Electronic Filing Menu

Corporate Filing Menu

HelpT, BURCH APR - 1 2021 NAME

ARTICLE I

ARTICLES OF INCORPORATION

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

The name of the corporat	E MDS ENTERPRIS	SES OF FLORIDA	, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 49 SARGENT STREET		Mailing address, if different is: 49 SARGENT STREET	
HAINES CITY		HAINES CIT	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ARTICLE III PURI The purpose for which the	POSE the corporation is organized is:	AWFUL PURPOSI	E
			2021 Sile
			MAR 31
ARTICLE IV SHA The number of shares of	tres stock is:		AH II: 13
Name and Title	TIAL OFFICERS AND/OR DIRECTOR MICHAEL DESTEFANO, PRESIDENT 49 SARGENT STREET	Name and Title:	
Address	HAINES CITY, FL 33844	Address:	
Name and Title		Name and Title:	
Address			
Name and Title Address			
Ann ess			

(conti.)

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of MICHAEL DESTEFANO	20.2 A
Address:	49 SARGENT STREET	ZI HAR 31 ECRL Íve LLAHASS
	HAINES CITY, FL 33844	ASS
ARTICLE VII	INCORPORATOR	AH II: I
The name and a	ddress of the Incorporator is:	I: 13
Name:	MICHAEL DESTEFANO	_
Address:	49 SARGENT STREET	
	HAINES CITY, FL 33844	- -
	med as registered agent to accept service of process am familiar with and accept the appointment as rej	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
(Mulul Dettet	3/29/2021
	Required Signature/Registered Agent	Date
	cument and offirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
	Maked V. th.	3/29/2021
	Required Signature incorporator.	Date