

Division of Corporations

Page 1 of 1

P21000053339

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000208354 3)))



H210002083543ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6391

From: Account Name : BLUMBERG/EXCELSTOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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
MVP GROUP CONSULTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

TX Result Report

P 1
05/25/2021 08:07
Serial No. AA6TD11003486
TC: 82383

Addressee	Start Time	Time	Prints	Result	Note
18506176381	05-25 08:06	00:00:39	003/003	OK	

Note

IMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
DPS:Page Separation TX, RIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
FUD:Forward, PCIC:Fax, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-code, RIX:Fax, RLV:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result

OK: Communication OK, S-OK: Stop Communication, PU-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, CONC: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

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FLORIDA PROFIT/NON PROFIT CORPORATION
MVP GROUP CONSULTING INC.

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2021 JUN -4 AM 10:47

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MVP GROUP CONSULTING INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
1685 24th Ave NENaples FL 34120

Mailing address, if different is:

c/o Maniscalco & Picone, CPAs PC2493 Richmond RdStaten Island, NY 10306**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John D. Musco- CEOAddress: 72 West Greenbush RdTuckerton NJ 08087

Name and Title: _____

Address: _____

Name and Title: Ralph Pitta- PresidentAddress: 124 Overlook Terrace
Staten Island, NY 10305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 JUN -4 AM 10:47

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John D. Musco
Address: 1685 24th Ave NE
Naples FL 34120

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: John D. Musco
Address: 72 West Greenbush Rd
Tuckerton NJ 08087

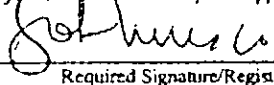
ARTICLE VIII EFFECTIVE DATE:

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

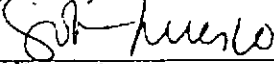


Required Signature/Registered Agent

5-24-2021

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

5-24-2021

Date

2021 JUN -4 AM 10:47