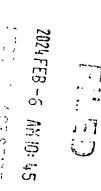
# PZYOUUO9620

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# FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

02/06/24

NAME: MDR-CS, INC.

TYPE OF FILING: ARTICLES

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

# **COVER LETTER**

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

SUBJECT: MDR-	-CS, Inc.		
SCORECT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	( ) 13	Final	
☎ \$70.00	□ \$78.75	□ \$78.75	S87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
rnov K	atrina Lukenbill		
FROM: <u>N</u>		e (Printed or typed)	
11	0 SE 6th St., #2600		
	<u> </u>	Address	
	•	Addicss	
Fo	rt Lauderdale, FL 33301		
	City,	State & Zip	-
(95	54) 678-4088		
<del></del>	Daytime T	elephone number	<del></del> _
1.0			
Ka	trina.Lukenbill@lewisbrisboi		
	E-man audress; (to de use)	l for future annual report no	OBJICATION)

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 cor	MDR-CS, Inc.  poration shall be:	<del></del>	
ARTICLE II PR 1715 N. Westshore	Principal <u>street</u> address Blvd., Suite 900		Mailing address, if different is:
Tampa, FL 33607			
ARTICLE III PU	RPOSE ich the corporation is organized is: The ti	ransaction of ar	ny or all lawful businesses for
	ions may be organized under The		
<del></del>			
RTICLE IV SH	ARES 10.000		
he number of shares	s of stock is: 10,000		
	TLAL OFFICERS AND/OR DIRECTORS		
Name and I	ritle: McDonell Lomax, Director	Name and Title	Daniel Gutierrez, Director
Address	17230 Crawley Rd.	Address:	202 S. Parker St., Unit 448
	Odessa, FL 33556		Tampa, FL 33606
Name and Ti	itle: Rami Isa, Director	Nome and Title	
Address	4000 Night Ctor T-I	Name and Title Address:	24.F
. water	Odessa, FL 33556	Address.	7
		_	
		<del></del>	
Name and Ti	Це:	Name and Title:	17 6
. Address		Address:	
		<u> </u>	

Name a	and Title:	Name and Title:	
Addres	5S	Address:	
ADTICI E VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Paracorp Incorporated		
Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee, FL 32301	<del></del>	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	McDonell Lomax		
Address:	17230 Crawley Rd.		
	Odessa, FL 33556		
		_	
	EFFECTIVE DATE:		
(If an effective of	other than the date of filing:date is listed, the date must be specific and ca		or or 90 days after the
filing.)			•
Note: If the date the document's e	e inserted in this block does not meet the application of State on the Department of State's reconstruction.	able statutory filing requirements, ands.	this date will not be liste
Having been nan certificate, I am j	ned as registered agent to accept service of proce Camiliar with and accept the appointment as regi	ss for the ahove stated corporation stered agent and agree to act in thi	at the place designated its s capacity
\$6	ee attached		
	Required Signature/Registered Agent		Date
	Required Signature Registered Agent		Date
I submit this doc	sument and affirm that the facts stated herein	are true. I am aware that the fals	e information submitted
I submit this doc		lony as provided for in s.817.155, I	e information submitted

## STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

DATE: 02/05/2024

ENTITY NAME: MDR-CS, Inc.

### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated