# P960W0695

Department of State Division of Corporations P.C. Box 6327
Tallahasses, FL 32314

SUBJECT: MCIS INC (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$\_\_\_\_\_\_\_.

500001917059 -08/08/96--01098--015 \*\*\*\*122.50 \*\*\*\*\*122.50

FROM:

Michael Arnoldy
Name

340 Ocean Spray Ave

Address
Satellike BCA 7L 32937

City, State, & Zip
(40") 779 3904

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

#### ARTICLES OF INCORPORATION

<u>OF</u>

MCIS INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

MCIS INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

340 OCEAN SPRAY AVE SATELLITE BCh 76 3292

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael A. Arnoldy 340 Ocean Spray Ave Satellite Bch 7L 32937

#### ARTICLE V INCORPORATOR(8)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael Arnoldy 340 Ocean Spray Ave Satellite Bch 7L 32937

The undersigned has (have) executed these Articles of Incorporation this

7th

day of Argust, 19 96.

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, carganized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

MCIS

		1-1
2.	The name and address of the registered agent and office is:	
	Michael ArnoLDY	
'	(NAME)	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(P.O. BOX NOT ACCEPTABLE)	6.75.
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	······································
	Satellite Beh 7L	
	(CITY/STATE/ZIP)	
	SIGNATURE (corpurate office	200
	TITLE Presider	
	DATE 8/7/96	
PR TH AN PR FO	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCE ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REG ND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COR ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCE ONS OF MY POSITION AS REGISTERED AGENT.  SIGNATURE	DESIGNATED IN ISTERED AGENT IMPLY WITH THE COMPLETE PER- PT THE OBLIGA-
	DATE	6

REGISTERED AGENT FILING FEE: \$35.00