

P96000086500

TRANSMITTAL LETTER

FILED

96 OCT 18 AM 10:46

SECRET
TALLAHASSEE, FLORIDA

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

SUBJECT: MD-West Associates Inc.
(Proposed corporate name - must include suffix)

700001980247--2
-10/18/96--01077--003
*****70.00 *****70.00

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: James Morrison
Name (printed or typed)

PO Box 575
Address

DeBary FL 32713
City, State & Zip

407 668 4756
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

10-21-96

ARTICLES OF INCORPORATION

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:

mo. West Associates Inc

ARTICLE II PRINCIPAL OFFICE

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

16 Orchid Drive
Po Box 575
DeBary FL 32713

ARTICLE III SHARES

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

Sub Chapter S
9000 Common, No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

James A Morrison
16 Orchid Dr
DeBary FL 32713

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

James A Morrison Pres

Muriel W Morrison V.P.

16 Orchid Dr
PO Box 575
DeBary, FL 32713

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

14 day of October, 19 96.

(An additional article must be added if an effective date is requested.)

James A Morrison
Signature

Muriel W. Morrison
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE 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:

Mo West Associates Inc

2. The name and address of the registered agent and office is:

James A Morrison
(NAME)

16 Orchid Dr
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DeBary FL 32713
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James A Morrison
(SIGNATURE)

10/14/96
(DATE)