

TRANSMITTAL LETTER

P98000067419

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

600002601226--4
-07/29/98--01026--015
****131.25 ****131.25

SUBJECT: MTB SERVICES, INC.
(Proposed corporate name - must include suffix)

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: TYLER G. DUNLAP
Name (Printed or typed)

15302 HIDDEN ARBOR CT.
Address

ODESSA, FL 33556
City, State & Zip

(813) 920-7467
Daytime Telephone number

FILED
98 JUL 29 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8-3-98
MM

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MTB SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

15302 HIDDEN ARBOR CT.
ODESSA, FL 33556

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

TYLER G. DUNLAP
15302 HIDDEN ARBOR COURT
ODESSA, FL 33556

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TYLER G. DUNLAP
15302 HIDDEN ARBOR COURT
ODESSA, FL 33556


Signature/Incorporator

7-27-98

Date

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

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


Signature/Registered Agent

7-27-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA