

P99000054521

TRANSMITTAL LETTER

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

SUBJECT: M S JOS SERVICE INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 75.00

700002904317-4
-06/15/99-01004-010
*****75.00 *****75.00

FROM:

Josephine Cavaleri
Name (printed or typed)
2 Plain View Drive
Address
Palm Coast , Florida 32164
City, State, & Zip
904-446-7896
Telephone Number

FILED
1999 JUN 14 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

1999 JUN 14 AM 8 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

M S JOS SERVICE 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: M S. JOS SERVICE INC

ARTICLE II PRINCIPAL OFFICE

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

2 Plain View Drive , Palm Coast Fla. 32164

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 address of the initial registered agent is:

Josephine Cavaleri
2 Plain View Drive
Palm Coast Florida , 32164

ARTICLE V INCORPORATOR(S)

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

Josephine Cavaleri
2 Plain View Drive
Palm Coast Florida 32164

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

8 day of June, 19 99.

Josephine Cavaleri
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: M S JOS SERVICES INC

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

Josephine Cavaleri

(Name)

2 Plain View Drive

(P.O. Box not acceptable)

Palm Coast Florida 32164

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Josephine Cavaleri
(Signature)