

P99000100S37

TRANSMITTAL LETTER

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

900003044309--8

-11/15/99--01112--008

*****78.75 *****78.75

SUBJECT:

M.S.L. CORPORATION

(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:

MARGARET SMITH LEWIS

Name (Printed or typed)

P.O. Box 2663 FAC

Address

JACKSONVILLE, FL 32208

City, State & Zip

904 354 8537 EXT 7654

Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

99 NOV 15 AM 9:16

FILED

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

gk 11/17

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:

MSL CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 2663 JACKSONVILLE, FL. 32203

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:

MARGARET SMITH LEWIS
8731 7TH AVE
JACKSONVILLE, FL. 32208

ARTICLE V INCORPORATOR

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

MARGARET SMITH LEWIS
8731 7TH AVE
JACKSONVILLE, FL. 32208

Margaret S. Lewis
Signature/Incorporator

11-10-99
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

Margaret S. Lewis
Signature/Registered Agent

11-10-99
Date

FILED
99 NOV 15 AM 9:16
STATE
TALLAHASSEE, FLORIDA