

P03000095447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

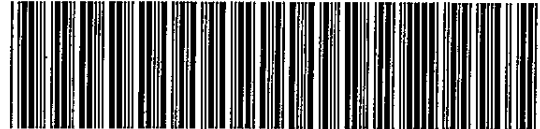
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: M & J Contracting, Inc.
(Proposed Corporate Name – must include suffix)

Enclosed is an original and one copy of the Articles of Incorporation and a check for:

☐	\$70.00	☐	\$78.75	☒	\$122.50	☐	\$131.25	☐	\$35.00
	Filing Fee		Filing Fee & Certificate		Filing Fee & Certified Copy		Filing Fee & Certified Copy		Filing Fee for amendment

FROM: Nicholas J. Rizzo & Associates, Inc.
851 East Highway 434, Suite 206
Longwood, FL 32750
(407) 767-6588

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 18, 2003

NICHOLAS J. RIZZO & ASSOCIATES, INC.
851 E HWY 434, STE 206
LONGWOOF, FL 32750

SUBJECT: M & J CONTRACTING, INC.
Ref. Number: W03000023420

We have received your document for M & J CONTRACTING, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 103A00046741

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:

M & J Cable Contracting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Name: M & J Cable Contracting, Inc.

Address: 349 E. Jessup Avenue

City/State: Longwood, Florida 32750

ARTICLE III SHARES

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

10,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael Lorefice
349 E. Jessup Avenue
Longwood, Florida 32750

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

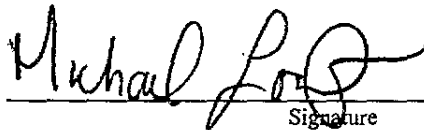
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ARTICLE V INCORPORATOR(S)

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

Name: Michael Lorefice
Street: 349 E. Jessup Avenue
City: Longwood, Florida

The undersigned incorporator(s) has(have) executed these Articles of Incorporation
This 26th day of August, 2003.



Signature

Articles of Incorporation

Filing Fee - \$35.00

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

PURSUANT TO THE PROVISION 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 & J Cable Contracting, Inc.**
2. The name and address of the registered agent and office is:

**Michael Lorefice
349 E. Jessup Avenue
Longwood, Florida 32750**

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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.


(SIGNATURE)

(DATE)