



**COVER LETTER**

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

**SUBJECT:** MLDMA CORPORATION  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** JOHN P QUINONES, IV, ESQUIRE  
Name (Printed or typed)

24 North Clyde Avenue  
Address

Kissimmee, Florida 34741  
City, State & Zip

(407) 870-8857  
Daytime Telephone number

Sloneelisy corp . com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: MLDMA Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

644 N. Wekiwa Spring Road

Apopka, Florida 32712

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful purpose

FILED  
17 MAY 1 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred (100)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Martin Rodriguez, President Name and Title: 

Address: 644 N. Wekiwa Road Address: \_\_\_\_\_

Apopka, Florida 32712

Name and Title: Luz Maria Adame Cortez, Secretary Name and Title: \_\_\_\_\_

Address: 644 N. Wekiwa Road Address: \_\_\_\_\_

Apopka, Florida 32712

Name and Title: Deire Ivon Rodriguez Adame, Treasurer Name and Title: \_\_\_\_\_

Address: 644 N. Wekiwa Road Address: \_\_\_\_\_

Apopka, Florida 32712

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Martin Rodriguez  
 Address: 644 N. Wekiwa Spring Road  
Apopka, Florida 32712

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Martin Rodriguez  
 Address: 644 N. Wekiwa Spring Road  
Apopka, Florida 32712

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 15th, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
 Required Signature/Registered Agent 04/4/2017  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator 04/4/2017  
Date