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COVER LETTER

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

P. O. Box 6327 Tallahassee, FL 32314					
Tananassec, 115 52511					
SUBJECT: MMC, INC.					
	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	<u>CLUDE SUFFIX</u>)		
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:		
□ \$70.00	□ \$78.75	□\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Joselynne W. Forde				
Name (Printed or typed)					
	8359 Dunham Station Drive Address				
	Tampa, FL 33647				
	City, State & Zip				

E-mail address: (to be used for future annual report notification)

813,407,8345

jf@fordegroup.com

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME he corporation shall be: MMC. INC.					
	PRINCIPAL OFFICE					
8359	Principal <u>street</u> address: Dunham Station Drive		Mailing address, if diffe	erent is:		
Tam	pa, FL 33647					
The purpose f	I PURPOSE For which the corporation is organized is: ligious, educational and social purposes, with					le, or the
	g section of any future Federal Tax Code.					
OIRECT SHALL I ARTICLE V	ORS AND THE MANNER BE SET FORTH IN THE INITIAL OFFICERS AND/OR DIRECT loselynne W. Forde President	ATLAWS.	THE DIRECTORS Charisse Rome Treasurer	1:	15 7 4+++ 4+++ 11 P 25 #	
PIRECT SHALL I IRTICLE V Name and Tit	ORS AND THE MANNER BE SET FORTH IN THE INITIAL OFFICERS AND/OR DIRECT [Joselynne W. Forde, President]	ATLAWS. TORS Name and Title	Charisse Rome, Treasurer	1:	<u> </u>	
ARTICLE IV SHALL A ARTICLE V Name and Tit Address	ORS AND THE MANNER BE SET FORTH IN THE INITIAL OFFICERS AND/OR DIRECT	ATLAWS.	THE DIRECTORS Charisse Rome Treasurer	1:	15 T 4rt 11 T 15	ELECT
PIRECT SHALL I ARTICLE V Name and Tit	ORS AND THE MANNER BE SET FORTH IN THE INITIAL OFFICERS AND/OR DIRECT Boselynne W. Forde, President 8359 Dunham Station Drive Tampa, FL 33647 Dr. Traci Thompson, Vice President	ATLAWS. TORS Name and Title	Charisse Rome, Treasurer 4309 Honey Vista Circle Tampa, FL 33624 Nikki Wills, Financial Secret	1:	15 T 4rt 11 T 15	ELECT
Name and Tit Address Address	Dr. Traci Thompson, Vice President 14714 Tudor Chase Drive	Name and Title Name and Title Name and Title	Charisse Rome, Treasurer 4309 Honey Vista Circle Tampa, FL 33624 Nikki Wills, Financial Secret 1410 Emerald Hill Way Valrico, FL 33594	1:	SE DEC - PR 1: 3	ELECT
Name and Tit Address Address	Dr. Traci Thompson, Vice President 14714 Tudor Chase Drive Tampa, FL 33626	Name and Title Address: Name and Title Address: Address:	Charisse Rome, Treasurer 4309 Honey Vista Circle Tampa, FL 33624 Nikki Wills, Financial Secret 1410 Emerald Hill Way Valrico, FL 33594	1:	SE DEC - PR 1: 3	ELECT

Name and Title	Melanie Henry, Parliamentarian	Name and Title	Dr. Misha Harding, Chaplain	_	_	
Address	17915 Bramshot Pl	Address:	20103 Shady Hill Lane		_	
	Lutz, FL 33559	_	Tampa, FL 33647	<u>.</u>	_	
Name and Title Address	Kethlyn White, Editor 4107 W North A Street Tampa, F1, 33609	Name and Title Address:	:			
ARTICLE VI The name and Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT acc Joselynne W. Forde 8359 Dunham Stattion Drive Tampa, FL 33647	ceptable) of the regi	stered agent is:		arm dec -4 f	
ARTICLE VII The name and Name: Address:	INCORPORATOR address of the Incorporator is: Joselynne W. Forde 8359 Dunham Station Drive			(b)	FF 1:32	
, , , , , , , , , , , , , , , , , , , ,	Tampa, FL 33647					
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific		(OPTIONAL) are than five days prior or 90	days afte	er the fi	iling.)
	ite inserted in this block does not meet the fective date on the Department of State's re		y filing requirements, this date	will not l	be listed	d as the
	amed as registered agent to accept servic familiar with and accept the appointment				design	ated in thi.
Josel	INIO F. Fordo		12/1/20	020		
	Required Signature of Register	ed Agent		Date		
	cument and affirm that the facts stated her t of State constitutes a third degree felony a			n submitte	ed in a c	locument ti
Mosele	Just 3. Joide Required Signature of Inco		12/1/20	020		
<u></u>	Required Signature of Inco	orporator		Date		