

N11000001148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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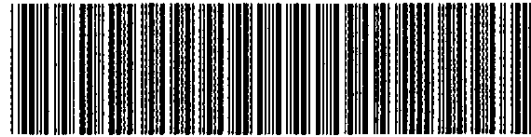
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRB
2/3

1111-3467

COVER LETTER

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

SUBJECT: **AJN Services INC**

(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **Martha E. Melendez**

Name (Printed or typed)

150 Krefeld Road NW

Address

Palm Bay, FL 32907

City, State & Zip

321-704-4440

Daytime Telephone number

maluma@cfl.rr.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2011

MARTHA E MELENDEZ
150 KREFELD ROAD NW
PALM BAY, FL 32907

SUBJECT: AJN SERVICES INC.
Ref. Number: W11000003467

We have received your document for AJN SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 011A00001620

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

FILED

11 FEB -2 PM 3:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **AJN Services INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

150 Krefeld Road.

Palm Bay, FL 32907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized exclusively for charitable, and educational purposes, including, for such puporses, the making of distributions to organizations that qualify as exempt organizatins udner the section 501(c)(3) of hte Internal Revenue code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The directors are and will be apointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha E. Melendez

Address: 150 Krefeld Road NW

Palm Bay, FL 32907

President

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: 150 Krefeld Rd. NW

Address: Palm Bay, FL 32907

Martha E. Melendez

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Martha E. Melendez

Address: 150 Krefeld Road NW

Palm Bay, FL 32907

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

[Signature]
Required Signature of Registered Agent

1/24/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

1/13/11
Date