

P03000051173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

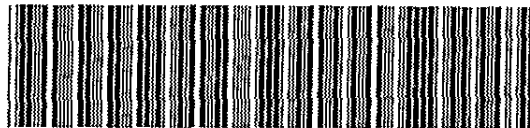
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600016371686

04/28/03--01019--016 **78.75

FILED
03 MAY -8 PM 2:50
RECEIVED
FALLEN

W-12124

bm 5/8



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2003

MICHAEL A BARBER
PO BOX 987
ZEPHYRHILLS, FL 33539-0987

SUBJECT: M.M.M. SERVICES, INC.
Ref. Number: W03000012126

We have received your document for M.M.M. SERVICES, INC. and your check(s) totaling \$78.75. 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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 803A00025901

TRANSMITTAL LETTER

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

SUBJECT: TRIPLE "M" SERVICES, INC.
(Proposed corporate name – must include suffix)

Enclosed are an original and two (2) copies of the articles of incorporation and a check for:

<u> </u> \$70.00	<u> </u> \$78.75	<u> X </u> \$78.75	<u> </u> \$87.50
Filing fee	Filing fee & & Certificate of Status	Filing fee & & Certified Copy	Filing fee, & Certified copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Michael A. Barber
Name (printed or typed)

P.O. Box 987
Address

Zephyrhills, FL 33539-0987
City, State, Zip

(813) 782-5776
Daytime telephone number

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:

TRIPLE "M" SERVICES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business / mailing address is:

4552 1/2 US 301, Zephyrhills, FL 33542-6261
P.O. Box 277, Lutz, Florida 33548-0277

ARTICLE III: PURPOSE

The purpose of which the corporation is organized is:

Any legal business activity

ARTICLE IV: SHARES

The number of shares of stock is:

One-thousand (1,000) shares

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Michael A. Barber, President, P.O. Box 987, Zephyrhills, FL 33539-0987
Margareth E Fultz, Secy / Treas, 37808 Boston Ave, Zephyrhills, FL 33542-2548

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael A. Barber, 4552 1/2 US 301, Zephyrhills, FL 33542-6261

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

Michael A. Barber, P.O. Box 987, Zephyrhills, FL 33539-0987

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.

Michael A Barber
Signature/Registered Agent/Incorporator

5/05/03
Date

FILED
03 MAY -8 PM 2:50
CLERK OF DISTRICT COURT
ALBANY, NEW YORK