

P03000085909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

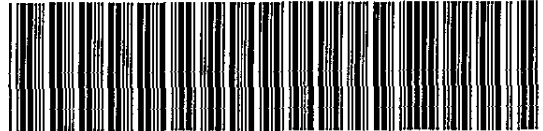
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000021598610

08/06/03--01030--005 **78.75

FILED

03 AUG -6 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 AUG -6 AM 10:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

✓

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 8-6-03

REF. #: 001090.18316

CORP. NAME: MJM SERVICES CORP.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 505881 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED

03 AUG -6 PM 12:12

ARTICLE I NAME

The name of the corporation shall be:

MJM SERVICES CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6865 SUNRISE TERRACE
CORAL GABLES, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CORPORATION for Profit

ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ .10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARK R. MEDINA - 6865 SUNRISE TERRACE - PRESIDENT / TREASURER
CORAL GABLES, FL 33133

JOHN L MEDINA - 9545 CUTLER RIDGE DRIVE V.P. / SEC.
MIAMI, FL 33157

ARTICLE VI REGISTERED AGENT

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

MARK R. MEDINA - 6865 SUNRISE TERRACE
CORAL GABLES, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK R. MEDINA - 6865 SUNRISE TERRACE
CORAL GABLES, FL 33133

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/Registered Agent

Date

7/31/03

Signature/Incorporator

Date

7/31/03