

P04000031547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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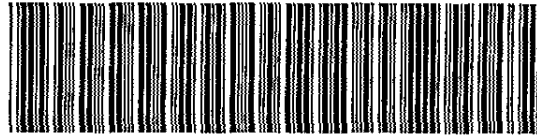
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: M.M. & J. ~~INC.~~ CORP.
(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: MAYCON SILVA
Name (Printed or typed)

104 E. HEMINGWAY CIR.
Address

MARGATE FLORIDA 33068
City, State & Zip

954 600-3752
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

M.M. & J. CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

104 E. HEMINGWAY CIR.
MARGATE FLORIDA 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAYCON SILVA
104 E. HEMINGWAY CIR.
MARGATE FLORIDA 33068

ARTICLE VI REGISTERED AGENT

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

MAYCON SILVA
104 E. HEMINGWAY CIR.
MARGATE FLORIDA 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAYCON SILVA
104 E. HEMINGWAY CIR.
MARGATE FLORIDA 33068

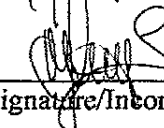
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA