

P04000069435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

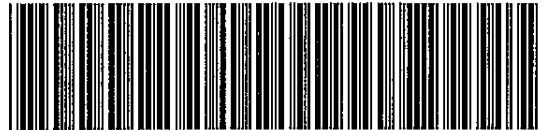
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

SUBJECT: J R MANAGEMENT SYSTEMS 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: H.M.B.C. Inc.  
Name (Printed or typed)

9211 Kendale Blvd  
Address

Miami, Fl 33176  
City, State & Zip

305 271-4777  
Daytime Telephone number

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

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

The name of the corporation shall be:

## **ARTICLE II     PRINCIPAL OFFICE**

2275 W. 77 St.  
Hialeah, FL 33016

/

9211 Kendale Blvd.  
Miami, FL 33176

The purpose for which the corporation is organized is:

The number of shares of stock is:

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

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

**The name and address of the Incorporator is:**

\*\*\*\*\*  
 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

Date \_\_\_\_\_

Date \_\_\_\_\_

Daisy Armas-Garcia  
H.M.B.C. Inc.