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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT:	BJECT: MMCJ, INC.				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	IDE 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 ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	MARK L. SCHMIDT Name (Printed or typed) 8220 111 ((
	8320 W. SUNRISE BLVD., #204				
	PLANTATION, FL 33322 City, State & Zip (954) 472 - 6450 Daytime Telephone number				

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

In compliance with Chapter 607 and/o		
-	or Chapter 621, 1.5. (110111)	FILED
The name of the corporation shall be:	MMCJ, INC.	2004 HAY 10 P 2: 22
ARTICLE II PRINCIPAL OF The principal place of business/mailing	FICE gaddress is: 8320 W. SC PLANTATIO	SECRETARY OF STATE TALLAHASSEE, FLORIDA JUNESE BLYD., HE DIN, FL 33322
ARTICLE III PURPOSE The purpose for which the corporation	n is organized is: TNVEST	MENT
ARTICLE IV SHARES The number of shares of stock is:	1,000	-
ARTICLE V INITIAL OFFICE List name(s), address(es) and specific	PRESIDENT /TR	EEASURER
The name and Florida street address MARK (, SCHNID)	of the registered agent is:	VRISE BLVD, #204 1, FC 33332
The name and address of the Incorporate MARK L, SCHMIDT	OR ator is: 8320 W. SUN PLANTATION	RISE BIVD., #20.
**************************************	cept service of process for the above stated co	********** orporation at the place designated in this ct in this capacity
m		4/27/04
Signature/Registered Agent		Date

Signature/Incorporator