

POS0000129917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

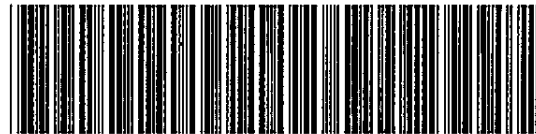
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/05 09:17:00

05 SEP 21 PM 3:13
CLERK OF STATE
DIVISION OF REGISTRATIONS

B. McKnight SEP 21 2005

COVER LETTER

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

SUBJECT: J. M. Capital Services, Inc..

(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: Dean S. Keil

Name (Printed or typed)

6415 Lake Worth Rd. Suite 203

Address

Lake Worth FL. 33463

City, State & Zip

561-969-3870

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:

J.M. Capital Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6415 Lake Worth Rd. suite 203
Lake Worth FL. 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial management and leasing

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dean S. Keil, President
6415 Lake Worth Rd. Suite 204
Lake Worth FL. 33463

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dean S. Keil, President
6415 Lake Worth Rd. Suite 204
Lake Worth FL. 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dean S. Keil, President
6415 Lake Worth Rd. Suite 204
Lake Worth FL. 33463

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

09/20/05

Date



Signature/Incorporator

09/20/05

Date

05 SEP 21 PM 3:13

STATE
OF FLORIDA
CORPORATION