

P07000081800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

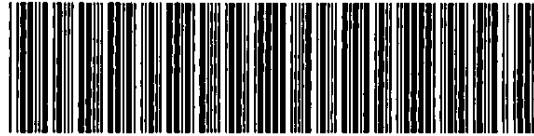
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ja

COVER LETTER

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

SUBJECT: TRJ Multi 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: Tomas Rivera - Johnson

Name (Printed or typed)

3189 Chad's Ct.

Address

Green Cove Springs, Florida 32043

City, State & Zip

904-406-4892

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:

TRJ MULTI-SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3189 Chad's Ct., Green Cove Springs, Fl. 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carmalita Melton/ Officer
3189 Chad's Ct.
Green Cove Springs, Fl. 32043

ARTICLE VI REGISTERED AGENT

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


Tomas Rivera - Johnson
3189 Chad's Ct
Green Cove Springs, Fl. 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

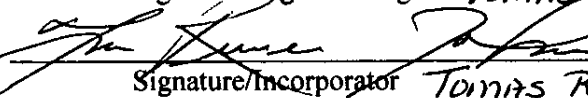
Tomas Rivera-Johnson
3189 Chad's Ct
Green Cove Springs, FL. 32043

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 TOMAS RIVERA-JOHNSON

07/09/2007

Date


Signature/Incorporator TOMAS RIVERA-JOHNSON

07/09/2007

Date

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