

P10000089787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

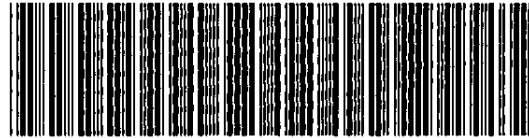
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000186739390

10/19/10--01028--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV -1 PM 3:50

FILED

J. Shivers NOV 04 2010

COVER LETTER

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

SUBJECT: JMD 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: Tateram Dinanath
Name (Printed or typed)

729 Strihal Loop
Address

Oakland Florida 34787
City, State & Zip

321-689-6020
Daytime Telephone number

Ot6925@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 1 PM 3:58

FILED

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:

~~JMD Services, Inc.~~ DOT Jam Services, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

729 Strihai Loop

Oakland Florida 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tateram Dinanath President

Address: 729 Strihai Loop

Oakland Florida 34787

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Vallei Ramey

Address: 7623 Laws Rd

Clermont Florida 34714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vallei Ramey

Address: 7623 Laws Road

Clermont Florida 34714

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

Vallei Ramey

Required Signature/Registered Agent

10-14-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vallei Ramey

Required Signature/Incorporator

10-14-2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 1 PM 3:50

FILED