

P11000047470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

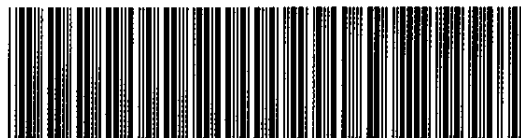
(Business Entity Name)

(Document Number)

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

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05/18/11--01040--008 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 MAY 18 PM 4:09

5/19/11

## COVER LETTER

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

SUBJECT: MJ Master Service 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: Marcilene Amaral

Name (Printed or typed)

15 Country Lake Circle

Address

Boynton Beach, FL 33436

City, State & Zip

561-929-1392

Daytime Telephone number

marcilene\_amaral@yahoo.com

E-mail address: (to be used for future annual report notification)

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**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)

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DIVISION OF CORPORATION

**ARTICLE I NAME** MJ Master Services Corp.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
15 Country Lake Circle  
Boynton Beach, FL 33436

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Handy man services

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Marcilene Amaral - President</u>	Name and Title: _____
Address: <u>15 Country Lake Circle</u>	Address: _____
<u>Boynton Beach, FL 33436</u>	_____

Name and Title: <u>Jonas Amaral Jr. - Vice President</u>	Name and Title: _____
Address: <u>15 Country Lake Circle</u>	Address: _____
<u>Boynton Beach, FL 33436</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Marcilene Amaral  
Address: 15 Country Lake Circle  
Boynton Beach, FL 33436

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marcilene Amaral  
Address: 15 Country Lake Circle  
Boynton Beach, FL 33436

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

M. Amaral  
Required Signature/Registered Agent

05/16/2011  
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.

M. Amaral  
Required Signature/Incorporator

05/16/2011  
Date