

P11000066634

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 22 PM 1:57

11-36737
7/25/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

JOSE A MEDINA
P O BOX 593721
ORLANDO, FL 32859

SUBJECT: JM INDEPENDENT SERVICES, INC.
Ref. Number: W11000036737

We have received your document for JM INDEPENDENT SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 111A00016558

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JM Independent Services

(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: Jose A Medina

Name (Printed or typed)

P O Box 593721

Address

Orlando, FL 32859

City, State & Zip

407-222-2514

Daytime Telephone number

josemedinar@yahoo.com

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

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: **JM Independent Services, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1851 W Landstreet Rd
Apt D-1245
Orlando, FL 32809

Mailing address, if different is:

P O Box 593721
Orlando, FL 32859

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide financial and insurance services to customers

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jose A Medina Owner/President</u>	Name and Title: _____
Address: <u>1851 W Landstreet Rd</u>	Address: _____
<u>Apt D-1245</u>	_____
<u>Orlando, FL 32809</u>	_____

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

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:

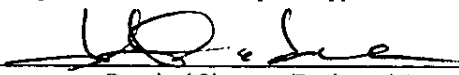
Name: Jose A Medina
Address: 1851 W Landstreet Rd Apt D-1245
Orlando, FL 32809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A Medina
Address: P O Box 593721
Orlando, FL 32859

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



Required Signature/Registered Agent

06/29/2011

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.



Required Signature/Incorporator

06/29/2011

Date

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