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T. Burch OCT 282011

## **COVER LETTER**

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

## SUBJECT: MNM ENTERPRISE 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 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARISOL GOMEZ Name (Printed or typed) 12540 WEST RANDALL PARK DRIVE City, State & Zip <u>305-799-8799</u> Daytime Telephone number MGOMEZ0119@ATT.NET 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

FILED

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In compliance with Chapter 607 and/or Chapter 62 E.S. (Profit)

ARTICLE I	NAME	SECRETARY OF CHAIR
The name of the	corporation shall be: MNM ENTERPRISE	SERVICES INC. AND SERVICES INC
ARTICLE II	PRINCIPAL OFFICE	· ALL MINDOLL, FLORIDA
	Principal street address	Mailing address, if different is:
	12540 WEST RANDALL PARK DRIVE	
	MIAMI FL 33167	
ARTICLE III	PITRPOSE:	
	which the corporation is organized is:	
	CUSTOMER CENTER	
ARTICLE IV	SHARES	
	hares of stock is: 1	
	INITIAL OFFICERS AND/OR DIRECTO	
	Title: MARISOL GOMEZ PRESIDENT 12540 WEST RANDALL PARK DRI	Name and Title:
Address:	MIAMI FL 33167	
	JVIIAIVII FL 33 ID/	
	··	
Name and	Title:	Name and Title:
Address:		Address:
Name and	Title:	Name and Title:
Address:		Address:
ARTICIE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable	) of the registered agent is:
Name:	MARISOL GOMEZ	, 0
Address:	12540 WEST RANDALL PARK D	
	MIAMLEL 33167	<del></del>
4 D. O. T. C. T.	THEODROP A SOR	
ARTICLE VII	INCORPORATOR address of the Incorporator is:	
Name:	MARISOL GOMEZ	
Address:	12540 WEST RANDALL PARK DE	 PIVE
	MIAMI FL 33167	——————————————————————————————————————
		cess for the above stated corporation at the place designated in
inis certificate, I	am familiar with and accept the appointment as	registerea agent and agree to act in this capacity
Mllani	Las (Dans or	$1 \sim 1 \sim$
IVIOIN	Bonisad Single (Basistand Assault	The magnetor
	Required Signature/Registered Agent/I	ncorporator · 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.