

P12000025189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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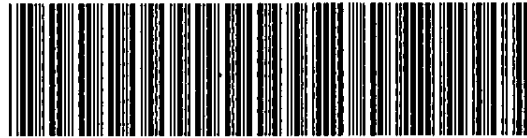
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: **M&M RELIABLE ACCOUNTING. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Martha Cecilia Arriens**

Name (Printed or typed)

3911 sw 155Ave

Address

Miramar, FL 33027

City, State & Zip

786-326-4168

Daytime Telephone number

marthacecilia@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: **M&M RELIABLE ACCOUNTING, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3911sw 155 ave
Miramar, Fl 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide accounting services

ARTICLE IV SHARES

The number of shares of stock is: **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Martha Cecilia Arriens President**
Address: **3911 sw 155 ave**
Miramar, Fl 33027

Name and Title: _____
Address: _____

Name and Title: **Maria Carolina Cortinas Vicepresident**
Address: **4972 sw 127 way**
Miramar, Fl 33027

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: **Martha Cecilia Arriens**
Address: **3911 sw 155 ave**
Miramar, Fl 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Maria Carolina Cortinas**
Address: **4972 sw 127 way**
Miramar, Fl 33027

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

03/08/2012

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

03/08/2012

Date

12 MAR 13 AM 7:06

CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA