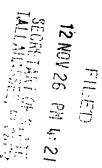
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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Only	



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T. Burch NOV 2 7 2012

COVER LETTER

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

SUBJECT: JM	& LCH INC.		
	(PROPOSED CORPORA	ATE NAME - MUST INCLI ticles of incorporation and	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	M & LCH INC.	ne (Printed or typed)	

5817 NW 42ND AVE

Address

FORT LAUDERDALE, FL 33319

City, State & Zip

954-514-5879

Daytime Telephone number

JMLCHINC@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)

Principal street address 17 NW 42ND AVE INT LAUDERDALE, FL 33319 EURPOSE ch the corporation is organized is: SE		iddress, if different is:
URPOSE		
URPOSE		
	RVICES PROVIDERS	
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	Address:	
FORT LAUDERDALE, FL 33319		
e:	Name and Title:	
	Address:	
ê:	Name and Title:	
		· · · · · · · · · · · · · · · · · · ·
REGISTERED AGENT		
	ptable) of the registered agent is:	
PORT LAUDERDALE, PL 33319		
NCORPORATOR		
ess of the Incorporator is:		
JOSE E DIAZ		
5817 NW 42ND AVE		
	e: JOSE E DIAZ 5817 NW 42ND AVE FORT LAUDERDALE, FL 33319 e: E: REGISTERED AGENT da street address (P.O. Box NOT acce JOSE E DIAZ 5817 NW 42ND AVE FORT LAUDERDALE, FL 33319 INCORPORATOR ess of the Incorporator is:	INITIAL OFFICERS AND/OR DIRECTORS e: JOSE E DIAZ S817 NW 42ND AVE FORT LAUDERDALE, FL 33319 e: Name and Title: Address: Name and Title: Address: