

P13000021969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

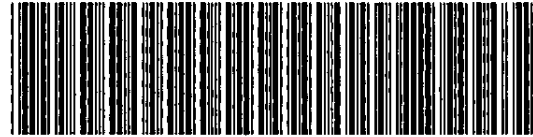
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 AM 9:55

Ps 3/12/13

COVER LETTER

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

SUBJECT: **M&M PHONE SEVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **MARIA MERCEDES DE LA NOVAL**

Name (Printed or typed)

155 W 11TH ST APT 5

Address

HIALEAH, FL 33010

City, State & Zip

786-970-9473

Daytime Telephone number

mdlmdln@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)

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ARTICLE I NAME

The name of the corporation shall be:

M&M PHONE SERVICES, CORP.

3 MAR 11 AM 9:55

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

155 W 11TH ST APT 5

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide client support, as a phone operator.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Maria Mercedes de la Noval - President**

Name and Title:

Address

155 W 11TH ST APT 5

Address:

HIALEAH, FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 11 AM 9:55

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:

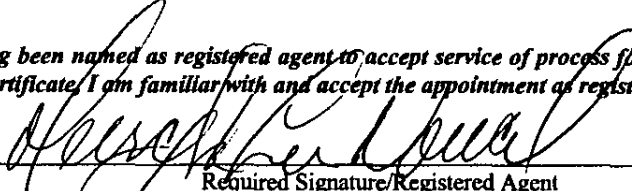
Name: MARIA MERCEDES DE LA NOVAL
Address: 155 W 11TH ST APT 5
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

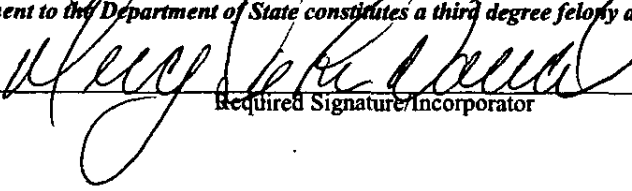
Name: MARIA MERCEDES DE LA NOVAL
Address: 155 W 11TH ST APT 5
HIALEAH, FL 33010

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

3/2/13
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

3/2/13
Date