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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W13-59050

COVER LETTER

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

SUBJECT: MMCS ENTERPRISES INCORPORATED
(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

pd. ch # 121
10/21/2013

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GEOFFREY LORAH
Name (Printed or typed)

1107 W. MARION AVE. # 115
Address

PUNTA GORDA, FL 33950
City, State & Zip

941-637-8884
Daytime Telephone number

glorah@webblorah.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

13 NOV -5 PM 2:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

October 24, 2013

GEOFFREY LORAH
1107 W MARION AVE #115
PUNTA GORDA, FL 33950

SUBJECT: MMCS CORPORATION
Ref. Number: W13000059050

We have received your document for MMCS CORPORATION 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 013A00024802

*Resubmitted
4/4/2013*

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: MMCS ENTERPRISES INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1202 SPANISH CAY LN

PUNTA GORDA, FL 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN DUQUEMIN; PRES. Name and Title: _____

Address 1202 SPANISH CAY LN Address: _____

PUNTA GORDA FL 33950

Name and Title: CASSANDRA VACCA, V.P. Name and Title: _____

Address 22324 ELMIRA BLVD Address: _____

PORT CHARLOTTE, FL 33952

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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19 NOV -5 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: GEOFFREY LORAH

Address: 1107 W. MARION AVE., # 115

PUNTA GORDA, FL. 33950

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN DUQUEMIN

Address: 1202 SPANISH CAY LN.

PUNTA GORDA, FL. 33950

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

Geoffrey J. Lora
Required Signature/Registered Agent

Oct. 21, 2013
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.

S. Duquemin
Required Signature/Incorporator

10-21-13
Date