Division of Corporations **Electronic Filing Cover Sheet**

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(((H140000310013)))



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From:

: GM FINANCIAL GROUP Account Name

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Phone

: (954)428-8899

Fax Number

: (954)428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: BRENDA @ Mm PM. u.S

FLORIDA PROFIT/NON PROFIT CORPORATION M & M PROPERTY MANAGEMENT PAYROLL, INC.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$70,00

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Help



February 10, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: M & M PROPERTY MANAGEMENT PAYROLL, INC.

REF: W14000008576

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: E14000031001 Letter Number: 214A00002957

14 FES II PHIE: 25

COVER LETTER

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

SUBJECT:	M	& M Property Management Payroll, Inc.	
		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	•

Enclosed are an original \$70.00 Filing Fee	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: ba	arbara klupt	(Printed or typed)				
1499 w palmetto park rd suite 130						
boca raton, fl 33486						
95	544288899	•				
<u>bk</u>	Daytime T lupt@gmfingroup.c E-mail address: (to be use		notification)			

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

H140000310013

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corporat	main shall be: M & M Property N	<i>l</i> lanagemer	nt Payroll, Inc.
	VCIPAL OFFICE Principal <u>street</u> address ROAD	•	Mailing address, if different is:
CORAL SPRI	NGS, FL 33067		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: PAYRO	OLL SERV	CE
;			
•			
		•	泽 。 译
)
-			3
	MAL OFFICERS AND/OR DIRECTOR BRENDA MOSKOWITZ		ROBERT MILLER
Name and Tide	1412 S POWERLINE RI	me and Title	1412 S POWERLINE RD
	POMPANO BEACH, FL 3306		POMPANO BEACH, FL 33089
Name and Title;		Name and Title	
Address		Address:	
		_ ·	
Name and Title;		Name and Title	:
Address		Address:	· · · · · · · · · · · · · · · · · · ·
			

		(cont.)	
Name I	nd Title:	Name and Title:	•
Address		Address:	
<u>irticle vi</u>	REGISTERED AGENT		
he name and	Florida street address (P.O. Box NOT acceptable) o BRENDA MOSKOWITZ		
Name:			
Address:	1412 S POWERLINE RD	_ 5 <u>5</u> G .	٠, ١
•	POMPANO BEACH, FL 33069	<u>し</u>	3
uritele vii	! INCORPORATOR	PHIR: 25	1
		. <u> </u>	
TE HEALT STORY	address of the Incorporator is: BRENDA MOSKOWITZ	三部 8	•
Name:		-	
Address:	1412 S POWERLINE RD	-	
	POMPANO BEACH, FL 33069	<u> </u>	
ikving been ni is certificate,	mued as registered agent to accept service of process (um familiar with and accept the appointment as rej	s for the above Stated corporation at the place designated in gistered agent and agree to act in this capacity	
- July en	ala Maskourts.	2-11-2014	
/	Required Signature/Registered Agont	Date	
suposit this de logues <u>ant</u> to the	reurnent and offirm that the facts stated herein are Department of State constitutes a third degree falor		
Ben	Le - Musbouits.	2-11-2014	
	Required Signature knoops operor	Date	