

P14 000035715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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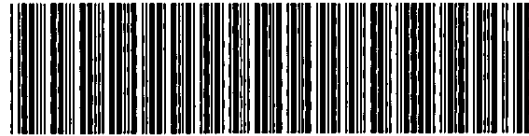
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 18 PM 3:36

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COVER LETTER

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

SUBJECT: MML Services and Repairs 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: MML Services And Repairs inc.

Name (Printed or typed)

5531 SW 97 AVE

Address

Miami FL 33165

City, State & Zip

786-344-2465

Daytime Telephone number

romanlugo74@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: MML Services and Repairs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5531 SW 97 AVE

5531 SW 97 AVE

Miami FL 33165

Miami FL 33165

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: 10

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DIVISION OF CORPORATIONS
14 APR 18 PM 3:36

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roman Lugo/ President

Name and Title: _____

Address 5531 SW 97 AVE

Address: _____

Miami FL 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Roman Lugo

Address: 5531 SW 97 AVE

Miami FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roman Lugo

Address: 5531 SW 97 AVE

Miami FL 33165

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

04/16/2014

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

04/16/2014

Date