

P140000048507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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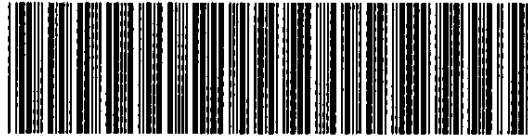
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **M&R ENTERPRISES 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: **LAISNER PAUL**

Name (Printed or typed)

5890 NW 16 PL

Address

FORT LAUDERDALE FL 33313

City, State & Zip

561 454 9714

Daytime Telephone number

LAISNER101@GMAIL.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: M&R ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5890 NW 16 PLACE

FORT LAUDERDALE FL 33313

Mailing address, if different is:

5890 NW 16 PLACE

FORT LAUDERDALE FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HANDYMAN, MULTIPLE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAISNER PAUL/PRESIDENT

Address: 5890 NW 16 PLACE

FORT LAUDERDALE FL 33313

5614549714

Name and Title: _____

Address: _____

Name and Title: PAUL, YLARIO /VP

Address: 5890 NW 16 PLACE

FORT LAUDERDALE FL 33313

Name and Title: _____

Address: _____

Name and Title: PAUL, GUILANDE/T

Address: 5890 NW 16 PLACE

FORT LAUD FL 33313

Name and Title: _____

Address: _____

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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: LAISNER PAUL
Address: 5890 NW 16 PL
FORT LAUDERDALE FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAISNER PAUL
Address: 5890 NW 16 PL
FORT LAUDERDALE FL 33313

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

05/30/2014

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

05/30/2014

Date

FILED
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CLERK OF STATE
TALLAHASSEE FLORIDA