

P14000101476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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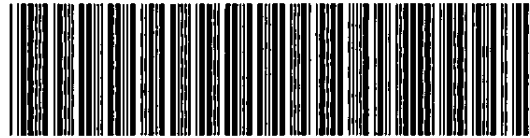
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use Only



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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2014

MIYERLANDY E. MARTINEZ
4735 NW 194 STREET
MIAMI GARDENS, FL 33055

SUBJECT: MMP & EVENTS INCORPORATED
Ref. Number: W14000072945

RECEIVED
TALLAHASSEE, FLORIDA
14 DEC 19 2014

We have received your document for MMP & EVENTS INCORPORATED and your check(s) totaling \$177.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 914A00025806

RECEIVED
TALLAHASSEE, FLORIDA
14 DEC 19 2014

COVER LETTER

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

SUBJECT: MMP & EVENTS 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

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

FROM: MIYERLANDY E. MARTINEZ

Name (Printed or typed)

4735 N W 194 STREET

Address

MIAMI GARDENS, FLORIDA 33055

City, State & Zip

786-344-8942

Daytime Telephone number

MARTINEZMUSICPRO@AOL.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: **MMP & EVENTS INCORPORATED**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4735 N W 194 STREET

MIAMI GARDENS, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROFESSIONAL MUSIC AND EVENT SERVICES**

S CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MIYERLANDY E MARTINEZ, PRESIDENT**

Name and Title: _____

Address **4735 N.W. 194TH STREET**

Address: _____

MIAMI GARDENS, FL. 33055

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 DEC 19 2010
MMP & EVENTS INCORPORATED
MIAMI GARDENS, FL 33055

(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: MIYERLANDY E. MARTINEZ

Address: 4735 N W 194 STREET

MIAMI GARDENS, FLORIDA 33955

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Miyerlandy E Martinez

Address: 4735 NW 194 St

Miami Garden FL 33955

Per customer

14 DEC 19 2014
DEPARTMENT OF STATE
FLORIDA

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

[Signature]

Required Signature/Registered Agent

11.20.14

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.

[Signature]

Required Signature/Incorporator

11.20.14

Date