

P15000017509

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
15 FEB 20 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2.22.15

February 11, 2015

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

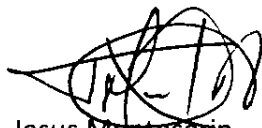
RE: J.M. BACKFLOW, INC.

To whom it may concern:

Attached hereto is a form for a new corporation in the above referenced name. We are aware that this name appears in the Sunbiz records (document # P13000064293). We will not be using that corporation nor reinstating. We would like to establish a new one with EIN # 46-5249398 and the updated form provided.

Should you have any questions, do not hesitate to give me a call @ 786-303-8993.

Thanking you in advance for your help in this matter.

A handwritten signature in black ink, appearing to read 'Jesus Monteserin', is written over a circular stamp or seal.

Jesus Monteserin

## COVER LETTER

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

SUBJECT: **J.M. BACKFLOW 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: **TERESA MONTESERIN**

Name (Printed or typed)

**2350 SW 17 TERR**

Address

**MIAMI, FL 33145**

City, State & Zip

**786-303-8993**

Daytime Telephone number

**JMBACKFLOW1@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: J.M. BACKFLOW, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2350 SW 17 TERR

MIAMI, FL 33145

**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: 1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jesus Monteserin, President

Name and Title: \_\_\_\_\_

Address 2350 SW 17 TERR  
MIAMI, FL 33145

Address: \_\_\_\_\_

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: JESUS MONTESERIN

Address: 2350 SW 17 TERR

MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**

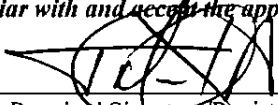
The name and address of the Incorporator is:

Name: JESUS MONTESERIN

Address: 2350 SW 17 TERR

MIAMI, FL 33145

*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*

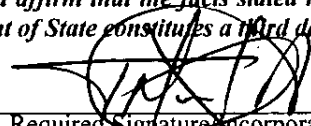


Required Signature/Registered Agent

2/11/2015

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

2/11/2015

Date