P15000030043

(Requestor's Name)
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(Alberta,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

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

UBJECT: MCM CONSULTING, INC.					
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	* * * * * * * * * * * * * * * * * * * *	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	CRISTINA Name	MERINO (Printed or typed)			
8820 SW 132nd PLACE, UNIT 204D					
MIAMI, FL 33186 City, State & Zip					
(305) 905-7198 Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					

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

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

he name of the corpo	AME pration shall be: MCM	<u> </u>	C1, ±10C -
RTICLE II P	Principal office Principal street address 132 nd PLACE		Mailing address, if different is:
			
	(D)		
MIANI	FL 33186		
RTICLE III PU he purpose for whic	RPOSE h the corporation is organized is:		
ANY BU	SINESS PERMITTET	D UNDER THE I	LAWS OF THE
	STATES AND THE		
			
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RTICLE IV SI	HARES		HAR 30
RTICLE IV SI he number of shares	HARES of stock is: 10,000		HAR 30
he number of shares RTICLE V II	of stock is: 10,000	IRECTORS	HAR 30 PH IZ: 38
he number of shares RTICLE V II	of stock is: 10,000	IRECTORS DRESIDENT Name and Title	HAR 30 PH IZ: 38
RTICLE V IN	of stock is: 10,000 IITIAL OFFICERS AND/OR D tle: CRISTINA MERINO	PRESIDENT Name and Title	HAR 30 PH IZ: 38
he number of shares RTICLE V II	of stock is: 10,000 IITIAL OFFICERS AND/OR DE tle: CRISTINA MERINO 8820 SW 132 nd	PRESIDENT Name and Title	HAR 30 PH IZ: 38
RTICLE V IN	of stock is: 10,000 IITIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D	PRESIDENT Name and Title PLACE Address:	HAR 30 PH IZ: 38
RTICLE V IN	of stock is: 10,000 IITIAL OFFICERS AND/OR DE tle: CRISTINA MERINO 8820 SW 132 nd	PRESIDENT Name and Title PLACE Address:	HAR 30 PH IZ: 38
RTICLE V II Name and T Address	of stock is: 10,000 IITIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318	PRESIDENT Name and Title PLACE Address:	HAR 30 PH IZ: 38
RTICLE V II Name and T Address	of stock is: 10,000 IITIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318	PRESIDENT Name and Title PLACE Address: Name and Title	HAR 30 PH IZ: 38
RTICLE V IN Name and T Address	of stock is: 10,000 ITTIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318 le:	PRESIDENT Name and Title PLACE Address: Name and Title Address:	HAR 30 PH IZ: 38
RTICLE V IN Name and T Address	of stock is: 10,000 IITIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318	PRESIDENT Name and Title PLACE Address: Name and Title Address:	HAR 30 PH IZ: 38
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RTICLE V II Name and T Address Name and Tit Address	of stock is: 10,000 INTIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318 le:	PRESIDENT Name and Title PLACE Address: Name and Title Address:	HAR 30 PH IZ: 38
RTICLE V II Name and T Address Name and Tit Address	of stock is: 10,000 INTIAL OFFICERS AND/OR D tle: CRISTINA MERINO 8820 SW 132nd UNIT 204D MIAMI, FL 3318 le:	PRESIDENT Name and Title PLACE Address: Name and Title Address: Name and Title	HAR 30 PH IZ: 38

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CRISTINA MERINO Address: 9920 SW 132nd PLace UNIT 201D MIAMI, FL 33186 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CRISTINA MERINO Address: 8820 SW 132nd Place, UNIT 201D MIAMI, FL 33186 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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 Reparament of State constitutes a third degree felony as provided for in s.817.155, F.S. MENUME Melina Required Signature/Incorporator Date	Name and	l Title:	Name and Title:	- 				
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CRISTINA MERINO Address: 9820 SW 132nd PLACE, UNIT 2X4D MIAMI, FL 33186 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CRISTINA MERINO Address: 8820 SW 132nd PLACE, UNIT 2047) MIAMI, FL 33(86) Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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 Repartment of State constitutes a third degree felony as provided for in s.817.155, F.S.								
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Address: 8820 SW 132nd Place, UNIT 201D MIRMI, FL 33186 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Chistina Merino Address: 8820 SW 132nd Place, UNIT 204D MIAMI, FL 33186 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 The name and address of the Incorporator is: Name: Chistina Merino Miami, FL 33186 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 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 Repartment of State constitutes a third degree felony as provided for in s.817.155, F.S.	The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:					
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Comparison C		MIAMI, FL 33186	_					
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