## P15000045961

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	<del></del>
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800247487508

12/08/15--01003--001 \*\*70.00

FILED May 21, 2015 08:00 AM Secretary of State

## **COVER LETTER**

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

SUBJECT:	MJ Developme	ent-Service	es, Inc.
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	2332 GALIANO STRE	e (Printed or typed) EET Address	
<b></b>	CORAL GABLES, FL	•	A 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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

/ E-mail address: (to be used for future annual report potification)

JohnsonDevelopment1@gmail.com

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit Secretary of State

The name of the corpor	t ation shall be: MJ DEVELO	PMENT SERV	ICES, INC.	
ARTICLE II PRIN	CIPAL OFFICE Principal street address		Mailing address, if different is:	· Au Marie
2332 GALIA	ANO STREET		BOX 940273	
CORAL GA	BLES, FL 33134		MI, FL 33 196	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: $\_A$	ny and all lawfu	ıl business.	
			Section of the sectio	الله الله الله الله الله الله الله الله
_ =====		#15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		True bang
	And the state of t			
	**************************************		The second secon	A COLUMN TO THE SECOND
	ا معامل ها جماد الله الله الله الله الله الله الله ال	The state of the s	and the second s	
		Marie Town	The state of the s	
	L OFFICERS AND/OR DIRECTOR : P JOHN JAMISON	S Name and Title	·	
Address	2332 GALIANO STRE	ET Address:		
	CORAL GABLES, FL	33134	The second of th	
				= <u>*</u> * * *
Name and Title		Name and Title	·	
Address		Address:	<u> </u>	
		- <del> </del>	1 All ( the second )	
		<u></u>	42.4	्र । । । 
Name and Title		Name and Title		
Address		Address:		
			THE PROPERTY SERVICE SERVICES	- 1855 1988 

Name and	Title:	Name and Title:	
Address		Address:	
		•	
ARTICLE VI RI	GISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT :	acceptable) of the registered age	nt is:
Name:	JOHN JAMISON		
Address:	2332 GALIANO STRI		
	CORAL GABLES, FL	33134	· · · · · · · · · · · · · · · · · · ·
-		<del></del>	and the second of the second o
ARTICLE VII IN	<u>CORPORATOR</u>	<del>-</del>	a ma
The <u>name and add</u>	ress of the Incorporator is:		•
Name:	JOHN JAMISON		_
Address:	2332 GALIANO ST	REET	
	CORAL GABLES, F	L 33134	
	- Carrier Barrello and the second an		
ARTICLE VIII E	FFECTIVE DATE: ner than the date of filing:	esser and the second	
Effective date, if of (If an effective dat	ner than the date of filing: e is listed, the date must be specifi	c and cannot be more than five	TIONAL) ve business days prior or 90 business
days after the filin	g.)		
			quirements, this date will not be listed as
the tocument s'effe	ctive date on the Department of State	e s records.	
Having been name	d as registered agent to accept servi	ce of process for the above stat	ted corporation at the place designated in
this certificate, I am	familiar with and accept the appoin	ntment as registered agent and t	
	then James		5/21/2015
(	Required Signature/Registere	_	Date
l submit this docun document to the De	vent and affirm that the facts states partment of State constitutes a third	l here <u>in</u> are true. I am aware i degree felony as provided for it	that the false information submitted in a n. 8.817.155. F.S.
(	0		1 1
_	Signature/Incorporator	<del></del>	5/21/2015