## P 1500098254

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

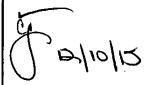
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15 DEC -2 PN 2: 0



## **COVER LETTER**

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

SUBJECT: MC	LINA CONSTRUCTION SERVICES IN	IC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:	-	
☐ \$70.0 Filing Fo	0 ■ \$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Name 4043 PACKARD DR	(Printed or typed)			
	JACKSONVILLE FL 32246				
	City,	State & Zip			
	904 485 2935				
Daytime Telephone number			5		
oscarmolina06.om@gmail.com			)3 <u>d</u>	1	
	E-mail address: (to be used  NOTE: Please provide the or	·	71 71 71 71 71 72 71 72 72 72 72 72 72 72 72 72 72 72 72 72 7	-2 FH 2: 0	HED.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2015

MOLINA CONSTRUCTION SERVICES INC 4043 PACKARD DRIVE JACKSONVILLE, FL 32246

SUBJECT: MOLINA CONSTRUCTION SERVICES INC

Ref. Number: W15000072222

We have received your document for MOLINA CONSTRUCTION SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 315A00023154

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www.sunbiz.org

Division of Corporations - P.O. ROY 6327 - Tallahassaa, Florida 32314

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

FILED

ARTICLE I NAME The name of the corpora	MOLINA CONSTRUCTION	SERVICES INC	15	DEC	-2	PH	2: 0
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing a	ddress, if	differe	nt is:	JFS.	TATE OPID
4043 PACKARD DR							
JACKSONVILLE FL	32246					· · · · · · · ·	
ARTICLE III PURPO The purpose for which t	OSE  ANY ANE corporation is organized is:	O ALL LAWFUL BUSINES:	S				
				<del>-</del> .			<u></u>
						<u>.</u>	
ARTICLE V INITIA	Stock is: 100  AL OFFICERS AND/OR DIRECTORS  OSCAD MOUNA PRESIDENT	Name and Title:					
Address	4043 PACKARD DR				_		
7,00,000	JACKSONVILLE FL 32246						
Name and Title:		Name and Title:					
Address							
	The state of the s						
			··				
Name and Title:		Name and Title:					
Address							
		<u> </u>					
		<del>-</del>					_

Name an	nd Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	OSCAR MOLINA	<u></u>
Address:	4043 PACKARD DR	
	JACKSONVILLE FL 32246	
		 - 一
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	OSCAR MOLINA	F 2 F
Address:	4043 PACKARD DR	— For E
	JACKSONVILLE FL 32246	ORIOA
		• >'
ARTICLE VIII Effective date if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective d	ate is listed, the date must be specific and o	cannot be more than five business days prior or 90 business
days after the fil	ing.)	•
	inserted in this block does not meet the applifective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.
		rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
inis cerujicuie, r	, , , , , , , , , , , , , , , , , , ,	
OSca	Y MOLINO- Required Signature/Registered Agen	12/1/2015
	ument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
OSCON	MOLINA	12/1/2015
OSCON MOLINO  Required Signature/Incorporator		Date