

P 15000098254

(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 _____

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10/22/15--01014--004 **78.75

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15 DEC -2 PM 2:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

J 12/10/15

COVER LETTER

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

SUBJECT: MOLINA CONSTRUCTION SERVICES 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: MOLINA CONSTRUCTION SERVICES INC

Name (Printed or typed)

4043 PACKARD DR

Address

JACKSONVILLE FL 32246

City, State & Zip

904 485 2935

Daytime Telephone number

oscarmolina06.om@gmail.com

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

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

STATE
DIVISION OF CORPORATIONS
RECEIVED
15 DEC - 2 PM 2:01

FILED



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

FILED
15 DEC -2 PM 2:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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

FILED

ARTICLE I NAME

The name of the corporation shall be: MOLINA CONSTRUCTION SERVICES INC

15 DEC -2 PM 2:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4043 PACKARD DR

JACKSONVILLE FL 32246

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR MOLINA, PRESIDENT

Name and Title: _____

Address 4043 PACKARD DR

Address: _____

JACKSONVILLE FL 32246

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: OSCAR MOLINA
Address: 4043 PACKARD DR
JACKSONVILLE FL 32246

ARTICLE VII INCORPORATOR

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

Name: OSCAR MOLINA
Address: 4043 PACKARD DR
JACKSONVILLE FL 32246

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DEPT. OF STATE
JACKSONVILLE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Oscar Molina
Required Signature/Registered Agent

12/1/2015
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.

OSCAR MOLINO
Required Signature/Incorporator

12/1/2015
Date