

P 16000000345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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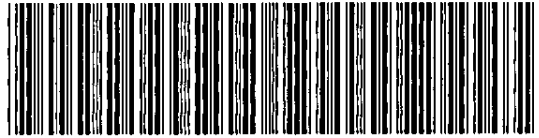
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 JAN -5 AM 9:07
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 JAN -5 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/5/16

COVER LETTER

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

APPROVED
AND
FILED
16 JAN -5 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: CMS Property Preservation 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: Clarence Moses
Name (Printed or typed)

2000 N. Meridian Rd. #302
Address

Tallahassee, FL 32303
City, State & Zip

850 284 1128
Daytime Telephone number

Clarence Moses 2@yahoo.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)

APPROVED
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JAN 5 AM 9:15
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CMJ Property Preservation Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2000 N. Meridian Rd Apt 302
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a service and
make a respectable profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clairence Moore Jr CEO

Address 2000 N. Meridian Rd.
#302 Tallahassee, FL
32303

Name and Title: Victoria Mae V.B.

Address: 4996 Leake Ln
Tallahassee, FL
32304

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Clarence Moses Jr
Address: 2000 N. Meridian Rd. 302
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clarence Moses Jr
Address: 2000 N. Meridian Rd 302
Tallahassee, FL 32303

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

[Signature] Required Signature/Registered Agent
01/05/2016 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.

[Signature] Required Signature/Incorporator
01/05/2016 Date