

P16000011465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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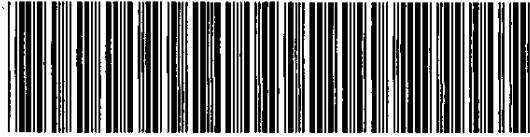
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 4 2016

T BROWN

COVER LETTER

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

SUBJECT: **M & M LANDSCAPING & SUPPLY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Michael Ferraro CPA**
Name (Printed or typed)
196 E. Nine Mile Rd----- Suite E
Address
Pensacola FL 32534
City, State & Zip
850-475-4100
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 INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

M & M LANDSCAPING & SUPPLY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**1504 SILVERRIDGE DR
CANTONMENT FL 32533**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any business or activity not prohibited by law.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Lathathiel McGhee**

Name and Title: **President**

Address: **1504 SILVERRIDGE DR
CANTONMENT FL 32533**

Address: _____

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:

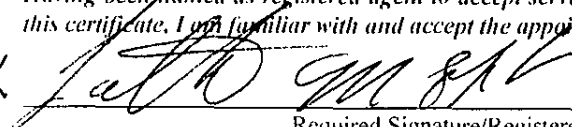
Name: Lathathiel McGhee
Address: 1504 SILVERRIDGE DR.
CANTONMENT FL 32533

ARTICLE VII INCORPORATOR

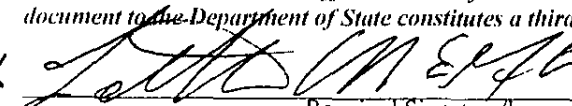
The name and address of the Incorporator is:

Name: Lathathiel McGhee
Address: 1504 SILVERRIDGE DR
CANTONMENT FL 32533

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

X  1-11-16
Required Signature/Registered Agent 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.

X  1-11-16
Required Signature/Incorporator Date