

P/60000 39968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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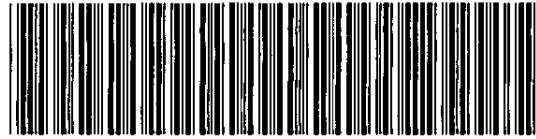
(Business Entity Name)

(Document Number)

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MAY 9 2016
S. GILBERT

RECEIVED
DEPARTMENT OF STATE
16 MAY -9 PM 4:41
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: M & J WORKFORCE & EQUIPMENT, LLC
(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: ADRIAN MIDDLETON, ESQ.
Name (Printed or typed)

227 E. 6TH AVENUE
Address

TALLAHASSEE, FL 32303
City, State & Zip

850-728-2465
Daytime Telephone number

ADRIAN@MIDDLETONANDMIDDLETON.COM
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

16 MAY -9 PM 4:51

ARTICLE I NAME

The name of the corporation shall be: M & J WORKFORCE & EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

125 N. MILLS AVE.

Mailing address, if different is:

ARCADIA, FLORIDA 34266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAVIER MARTINEZ P

Name and Title: _____

Address 125 N. MILLS AVE.

Address: _____

ARCADIA, FL 34266

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: ADRIAN MIDDLETON, ESQ.

Address: 227 E. 6TH AVENUE

TALLAHASSEE, FL. 32303

ARTICLE VII INCORPORATOR

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

Name: ADRIAN MIDDLETON, ESQ.

Address: 227 E. 6TH AVE.

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



Required Signature/Registered Agent

05/09/2016

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.



Required Signature/Incorporator

05/09/2016

Date