

P 16 000 55429

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

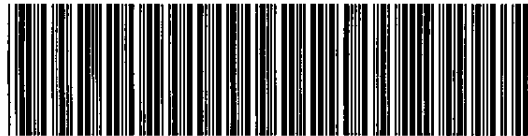
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200286990052

06/27/16--01041--018 \*\*78.75

FILED  
16 JUN 27 PM 3.18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/5/14

## COVER LETTER

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

SUBJECT: JM & JD Corp.  
(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: JM & JD, CORP  
Name (Printed or typed)

9633 SW 20 TERR  
Address

MIAMI, FL. 33165  
City, State & Zip

786-444-8547  
Daytime Telephone number

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

FILED  
16 JUN 27 PM 3:18  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: JM & JD, CORP

16 JUN 27 PM 3:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9633 SW 20 TERR

4821 SW 136 PL

MIAMI, FL. 33165

MIAMI, FL. 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INSTALLATION, REPAIR, SALES, CONSTRUCTION,  
IMPORT, EXPORT, ETC

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUAN M MOLINA

Name and Title: PRESIDENT

Address 9633 SW 20 TERR

Address: SAME

MIAMI, FL 33165

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: JUAN M MOLINA

Address: 9633 SW 20 TERR

MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

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

Name: JUAN M MOLINA

Address: 9633 SW 20 TERR

MIAMI, FL. 33165

FILED  
16 JUN 27 PM 3:16  
RECEIVED  
CLERK OF THE  
SUPREME COURT  
STATE OF FLORIDA  
TALLAHASSEE

**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

06-23-2016  
\_\_\_\_\_  
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

06-23-2016  
\_\_\_\_\_  
Date