Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000167796 3)))



HI 60001677963ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:			空影	
		Division of Co			1
		Fax Number	; (850)617-6381		
	From:				-0
		Account Name	: KRISJOENNA SERVICES, INC.	~71	
<>→		Account Number	: 120080000033	ارد) رسا الفق	F
24	المالية المالية		: (305)644-3055	₽	٠. الد
	t iii saadi t ii saa		: (305)644-3052	CSISA FINAL	
- T	J			>	
**			s for this business entity to be used for .ngs. Enter only one email address please.		
	्र वापा	mar Lebour marra	TIRS. BILLE OUTA ONE CHIEFT BOOK 432 brease.		
5 .	· Fmo	il Address:			
5 .	والأعلاج	TT WOR! 639!			
	*			•	

FLORIDA PROFIT/NON PROFIT CORPORATION MJ CARPENTRY INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

07-15-16

COVER LETTER

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

SUBJECT; MJ MIA	AMI CARPENTRY INC		
SOBJECT;	(PROPOSED CORPOR	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00	□ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
MI ON MI	GUEL EDGARDO PONCE		
FROM:	Nam	e (Printed or typed)	
962	6 NW 24 AV		
_		Address	
ми	AMI, FLORIDA 33147		
	City	State & Zip	
.50	•	-	
(78)	6) 285-7049		
	Daytime T	elephone number	
KJE	SERVICES@YAHOO.COM		
	E-mail address: (to be use	d for future annual report r	otification)

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

KIJOENNA

PAGE 01/05

850-617-6381

RECEIVED 01/10/2011 23:45 3056443052 7/14/2016 10:02:25 AM PAGE

KIJDENNA 1/001 Fax Server



July 14, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIGUEL EDGARDO PONCE 9626 NW 24 AV MIAMI, FL 33147

SUBJECT: MJ CARPENTRY INC

REF: W16000048637

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P94000009105,

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H16000167796 Letter Number: 716A00014711

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

The name of the corpora	MJ MIAMI CARPENTRY INC		·		_	
ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mail	ing address, if di	ifferent is:		
9629 NW 24 AV. MIA	MI FLORIDA 33147			•		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	SE		→ 8:		B. Article
				77.00 0000 0000 0000	(6 (4)
					PH	1 A C
				NGIN NGIN	ار الانتاء	
ARTICLE IV SHAR The number of shares o	RES f stock is:					
The number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title:				
The number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS BE MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV.	Name and Title:				
The number of shares o ARTICLE V INITE Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTORS e: MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV. MIAMI, FLORIDA 33147					
The number of shares o ARTICLE V INITE Name and Title Name and Title	f stock is: AL OFFICERS AND/OR DIRECTORS MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV. MIAMI, FLORIDA 33147 HOSE O ROSALES MVICEPRESIDENT	Address: Name and Title:				
The number of shares o ARTICLE V INITE Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS BY MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV. MIAMI, FLORIDA 33147 JOSE O ROSALES M - VICEPRESIDENT	Address:				
The number of shares o ARTICLE V INITE Name and Title Name and Title	f stock is: AL OFFICERS AND/OR DIRECTORS MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV. MIAMI, FLORIDA 33147 JOSE O ROSALES M - VICEPRESIDENT 1951 NW 103ST AT 2 MIAMI, FLORIDA 33147	Address: Name and Title:				
The number of shares of ARTICLE V INITE Name and Title Address Name and Title Address	f stock is: AL OFFICERS AND/OR DIRECTORS MIGUEL E. PONCE - PRESIDENT 9629 NW 24 AV. MIAMI, FLORIDA 33147 JOSE O ROSALES M - VICEPRESIDENT 1951 NW 103ST AT 2 MIAMI, FLORIDA 33147	Address: Name and Title: Address:				

3056443052

Name and Title: Name and Title: Address Address: <u>ARTICLE VI REGISTERED AGENT</u> The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MIGUEL E. PONCE Name: 9629 NW 24 AV Address: MIAMI, FLORIDA 33147 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MIGUEL E. PONCE Name: 9629 NW 24 AV Address: MIAMI, FLORIDA 33147 ARTICLE VIII EFFECTIVE DATE: 07/13/2016 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 Ponce.

Required Signature/Registered Agent 07/13/2016 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. 07/13/2016 Date