

P17000068341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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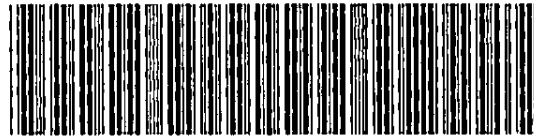
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MPH 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: MARIO P. HERRERA

Name (Printed or typed)

11791 WATTLE TREE ROAD NORTH

Address

JACKSONVILLE FLORIDA 32246

City, State & Zip

904-361-8373

Daytime Telephone number

MARIOPH80@ME.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)

ARTICLE I NAME

The name of the corporation shall be: MPH SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12627 SAN JOSE BLVD. SUITE 701

JACKSONVILLE FL. 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO MAINTENANCE AND SEVICE REPAIRS ON BUILDINGS.

ARTICLE IV SHARES

The number of shares of stock is: 1000000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO P. HERRERA

Name and Title: MARIO P. HERRERA

Address: PRESIDENT

Address: SECRETARY

11791 WATTLE TREE ROAD NORTH

11791 WATTLE TREE ROAD NORTH

JACKSONVILLE, FL. 32246

JACKSONVILLE FL. 32246

Name and Title: MARIO P. HERRERA

Name and Title:

Address: TREASURER

Address:

11791 WATTLE TREE ROAD NORTH

JACKSONVILLE FL. 32246

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MARIO P. HERRERA
Address: 11791 WATTLE TREE ROAD NORTH
JACKSONVILLE FL. 32246

ARTICLE VII INCORPORATOR

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

Name: MARIO P. HERRERA
Address: 11791 WATTLE TREE ROAD NORTH
JACKSONVILLE FL. 32246

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TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08-11-2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

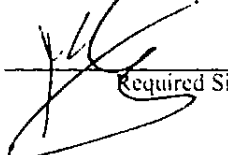
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 MARIO P. Herrera
Required Signature/Registered Agent

8/8/2017
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.

 MARIO P. Herrera
Required Signature/Incorporator

8/8/2017
Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL. 32314

MARIO P. HERRERA
11791 WATTLE TREE ROAD NORTH
JACKSONVILLE FL. 32246

TO WHOM IT MAY CONCERN:
THIS IS MY AFFADAVID TO RELEASE MY PAST LLC COMPANY, MPH SERVICES LLC, NAME SO I CAN USE
THE NAME TO START MY NEW CORPORATION, MPH SERVICES INC. I HAVE NO INTENSIONS OF
REOPENING MPH SERVICES LLC.

SIGNED: 

MARIO P. HERRERA
AUGUST 8, 2017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA