

P18000080234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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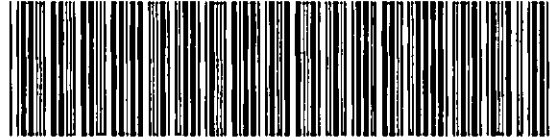
(Business Entity Name)

(Document Number)

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

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SEC OF STATE  
TALLAHASSEE FL

SEP 25 2018  
K Brumbley

**COVER LETTER**

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

**SUBJECT:** JM PROFESSIONAL DELIVERY SERVICE, 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:** JOSE M PEREZ  
Name (Printed or typed)  
1548 NE 176 STREET  
Address  
NORTH MIAMI BEACH, FL 33162  
City, State & Zip  
786-355-5058  
Daytime Telephone number  
jm.pere@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

September 19, 2018

Miami, Florida

JM PROFESSIONAL DELIVERY SERVICE INC.

1548 NE 176 ST

North Miami Beach, FL 33162

P16000074611

Florida Department of State

Division of Corporations

I am Jose M Perez president of JM Professional Delivery Service, Inc. Document number P16000074611. I would like to inform your department that I will not Claim any reinstatement filing for my corporation JM Professional Delivery Service, Inc. and I would like to file for a new corporation with the same name of JM Professional Delivery Service, Inc.

Attached are the articles of incorporation and the fee for the new corporation.

I am thanking you in advance for your cooperation on this matter.

Sincerely,



Jose M Perez, president

**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: JM PROFESSIONAL DELIVERY SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1548 NE 176 STREET  
  
NORTH MIAMI BEACH, FL 33162

Mailing address, if different is:  
1548 NE 176 STREET  
  
NORTH MIAMI BEACH, FL 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.  
DELIVERY AND TRANSPORTATION SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES AT \$ 1.00 PER SHARE

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

Name and Title: JOSE M PEREZ, PRESIDENT  
Address 1548 NE 176 STREET  
NORTH MIAMI BEACH, FL 33162

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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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: JOSE M PEREZ  
Address: 1548 NE 176 STREET  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

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

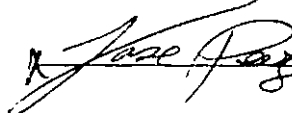
Name: JOSE M PEREZ  
Address: 1548 NE 176 STREET  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VIII EFFECTIVE DATE:**


Effective date, if other than the date of filing: 09/19/2018. (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*

 \_\_\_\_\_ 09/19/2018  
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.*

 \_\_\_\_\_ 09/19/2018  
Required Signature/Incorporator Date