

P19000034341

(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



500328543795

2013 APR 25 PM 1:28

FILED

04/25/19--01007--009 **87.50

19 APR 25 PM 2:46

APR 25
C Kinsey

COVER LETTER

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

SUBJECT: mm SERVICES of N.F. 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: KEN WEBSTER
Name (Printed or typed)

6149 JASON TRAIL
Address

Tallahassee FL 32317
City, State & Zip

850 322-3192
Daytime Telephone number

KDWKAPPA@aol.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: MM SERVICES OF N.F. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

324 N. Copeland St.
Tallahassee FL 32304

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

PRE. Name and Title: MELVIN Ford Name and Title: _____

Address: 3204 Olson Rd Address: _____
Tallahassee FL 32304

VP Name and Title: ANTWAN Ford Name and Title: MELRENISO Ford - DIRECTOR

Address: 3204 Olson Rd Address: 3204 Olson Rd
Tallahassee FL 32304 Tallahassee FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2010 APR 25 PM 1:28

FILED

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: KEN WEBSTER
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

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

Name: KEN WEBSTER
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/25/19 (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


Required Signature/Registered Agent

4/25/19
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

4/25/19
Date

FILED
2019 APR 25 PM 1:28