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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305)480-0269
Fax Number : (305)480-0518

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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19 OCT 31 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
JM SERVICES AND MORE INC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: JM SERVICES AND MORE 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: DORIS ACCOUNTING & TAX SERVICE CORP

Name (Printed or typed)

10154 W FLAGLER ST

Address

MIAMI, FL 33174

City, State & Zip

(305) 480-0269

Daytime Telephone number

TAXES@DORISTAXES.COM

E-mail address: (to be used for future annual report notification)

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

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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 SERVICES AND MORE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11191 NW 7 ST UNIT 5
MIAMI, FL 33172

Mailing address, if different is:
11191 NW 7 ST UNIT 5
MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MAINTENANCE AND OTHER SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHAN S CORTES ROMERO

Name and Title: P

Address 11191 NW 7 ST UNIT 5
MIAMI, FL 33172

Address: _____

Name and Title: MARIA A GARZON FIERRO

Name and Title: VP

Address 11191 NW 7 ST UNIT 5
MIAMI, FL 33172

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JOHAN S CORTES ROMERO

Address: 11191 NW 7 ST UNIT 5

MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS POLANCO

Address: 10154 W FLAGLER ST

MIAMI, FL 33174

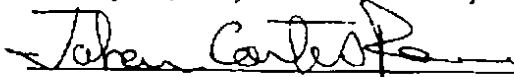
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/31/2019. (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:

10/31/2019
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:

10/31/19
Date

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