

PR0900601603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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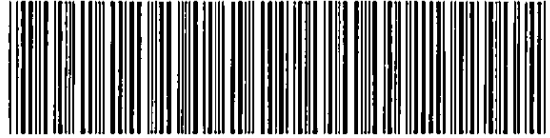
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN -8 AM 10:23

REG. CLERK OF STATE
TALLAHASSEE, FL

J. FASON

JAN 09 2020

COVER LETTER

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

SUBJECT: MECHANICAL SERVICES OF FLORIDA, 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: Anil Jhagroo

Name (Printed or typed)

2547 64th Way N

Address

St. Petersburg, FL 33710

City, State & Zip

(727) 235-2287

Daytime Telephone number

jmccontracting@gmail.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: MECHANICAL SERVICES OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2547 64th Way N.

2547 64th Way N.

St. Petersburg, Florida 33710

St. Petersburg, Florida 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anil Jhagroo, President

Name and Title: _____

Address 2547 64th Way N.

Address: _____

St. Petersburg, FL 33710

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 JAN -8 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FL

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: Anil Jhagroo

Address: 2547 64th Way N.

St. Petersburg, FL 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anil Jhagroo

Address: 2547 64th Way N.

St. Petersburg, FL 33710

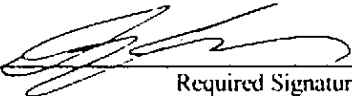
ARTICLE VIII EFFECTIVE DATE:

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 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

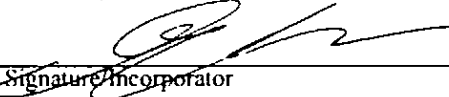


Required Signature/Registered Agent

1-7-20

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 §817.155, F.S.



Required Signature/Incorporator

1-7-20

Date