P20000040032

(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



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MG Carpenter Corp)	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	06/03/20	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Name	Date 11111C	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

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

SUBJECT: JMG Carpenter Corp		
(PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	UDE SUFFIN)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Juan M Guerrido	e (Printed or typed)	
1734 SW 5 ST		
-	Address	
MIAMI, FL 33135 City.	State & Zip	
786-320-1737 Daytime T	elephone number	
MAYDEL@ACGTAXSEI	RVICES.COM d for future annual report i	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 N The name of the corpo	AME JMG Carpenter Corporation shall be:		
173	RINCIPAL OFFICE Principal <u>street</u> address 34 SW 5 ST AMI, FL 33135		Mailing address, if different is:
ARTICLE III PU	TRPOSE th the corporation is organized is:		2020 JUH ALL)
ARTICLE IV S. The number of shares			- 1 - 3 AC 10: 38
ARTICLE V II	VITIAL OFFICERS AND/OR DIRECTOR	S	
Name and Title	JUAM M GUERRIDO, PRESIDENT 1734 SW 5 ST MIAMI, FL 33135	Name and Title Address:	e:WILFREDO PAZ RIVERA, VICEPRESIDEN 837 NW 1 ST MIAMI, FL 33128
Name and Title Address:		Name and Title Address:	
Name and Title Address:		Name and Title Address:	e:
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of MAYDEL ALFONSO 16340 SW 77 TERR		ent is:
	MIAMI_FL 33193		
	ICORPORATOR see of the Incorporator is:		
Name:	MAYDEL ALEONSO		
Address:	16340 SW 77 TERR MIAML EL 33193		
Having been named a this certificate, I am fa	is registered agent to accept service of process imiliar with and accept the appointment as regi:	for the above sto Mered agent and	ated corporation at the place designated in agree to act in this capacity
	Marin.		06/02/2020
	Required Signature Registered Agent		Date
I submit this document to the Depart	nt and affirm that the facts stated herein are strength of State constitutes a third degree felony	true. I am aware as provided for i	e that the false information submitted in a in s.817.155, F.S.
	Jun 161		06/02/2020
	Required Signature Incorporator		Date