

P20000098264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

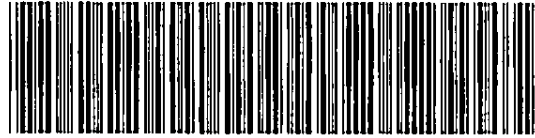
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300355421973

11/24/20--01003--016 **76.75

RECEIVED

NOV 23 2020

RECEIVED
2020 DEC 21 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ICM Incorporated
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Magdy Grece
Name (Printed or typed)

7901 Grimsby Ln
Address

New Port Richey, FL 34655
City, State & Zip

737-247-4556
Daytime Telephone number

magdyfgrece@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2020

MAGOLY GRECE
7901 GRIMSBY LANE
NEW PORT RICHEY, FL 34655

SUBJECT: JCM INCORPORATED
Ref. Number: W20000137851

We have received your document for JCM INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 720A00024350

2020 DEC 21 PM 12:29

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: JCM BISTIS Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 Grimsby Ln
New Port Richey, FL 34655

Mailing address, if different is:

7901 Grimsby Ln
New Port Richey, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

2008 DEC 21 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magdy Grece - P, D

Address: 7901 Grimsby Ln
New Port Richey, FL 34655

Name and Title: Rasha Girgis - S

Address: 7901 Grimsby Ln
New Port Richey, FL

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Magdy Grece

Address: 7901 Grimshy Ln
New Port Richey, FL 34655

ARTICLE VII INCORPORATOR

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

Name: Magdy Grece

Address: 7901 Grimshy Ln
New Port Richey, FL 34655

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 21 PM 4: 25

FILED

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-01-2020 (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

12-20-2020
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

12-20-2020
Date