Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000149927 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

: (954)727-9771

Fax Number

: (954)727-9773

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

FLORIDA PROFIT/NON PROFIT CORPORATION MMR CONSULTING CORP

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(4210001499273)



April 16, 2021

FLORIDA DEPARTMENT OF STATE

LAMADRID FINANCIAL SERVICES CORP Division of Corporations

SUBJECT: MMR CONSULTING CORP

REF: W21000051597

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Steve J Kurisko Regulatory Specialist II

New Filings

FAX Aud. #: H21000149927 Letter Number: 121A00007874

(FAX TRANSMASSIEN TO: (1850) 1218 OFTO 17: 1953 7279773 Pages: 5

COVER LETTER

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

SUBJECT: MMR	ADVISORS INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l 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 REQUIRE	
·		NEY e (Printed or typed)	
15	910 NW 87 CT	Address	·
<u>MI</u>	AMI LAKES, FL 33018 City,	State & Zip	
(30	05) 613-9642 Daytime T	elephone number	
rpe	edrique22@gmail.com	d for future annual report n	otification)
	2-man address, (to be use	a for totale annual report i	ioancadon)

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

(FAX TRANSMISSIGN) 70000444 (107319547279773 Pages: 5

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>iCLE II PR</u>	[B/CID 4] A CT4AA	
	INCIPAL OFFICE Principal street address	Mailing address is different in
10 NW 87 CT		Mailing address, if different is:
MI LAKES, FL 33018		MIAMI LAKES, FL 33018
		
TICLE III PUI	RPOSE	
purpose for whi	ch the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS
		
		
TICLE IV SH	ARES of stock is: 1000	
number of stares	of stock is:	
TICLE V INI		
	TIAL APPROVED 1115 (00 00 00 00 00 00 00 00 00 00 00 00 00	
	TIAL OFFICERS AND/OR DIRECTORS	
	TIAL OFFICERS AND/OR DIRECTORS Title: REINALDO PEDRIQUE LOV	NNEXame and Title: PRESIDENT
Name and T	REINALDO PEDRIQUE LOV 15910 NW 87 CT	VNE Name and Title: PRESIDENT Address:
Name and T	ritle: REINALDO PEDRIQUE LOV	
Name and T	REINALDO PEDRIQUE LOV 15910 NW 87 CT	
Name and T	15910 NW 87 CT MIAMI LAKES, FL 33018	
Name and T	REINALDO PEDRIQUE LOV 15910 NW 87 CT	Address:
Name and T Address Name and Ti	Itale: REINALDO PEDRIQUE LON 15910 NW 87 CT MIAMI LAKES, FL 33018 Itale: MARIA POSADAS TERAN	Address: Name and Title: VICE PRESIDENT
Name and T	MIAMI LAKES, FL 33018 tie: MARIA POSADAS TERAN 15910 NW 87 CT	Address:
Name and T Address Name and Ti	Itale: REINALDO PEDRIQUE LON 15910 NW 87 CT MIAMI LAKES, FL 33018 Itale: MARIA POSADAS TERAN	Address: Name and Title: VICE PRESIDENT
Name and T Address Name and Ti	MIAMI LAKES, FL 33018 tie: MARIA POSADAS TERAN 15910 NW 87 CT	Address: Name and Title: VICE PRESIDENT
Name and T Address Name and Ti	MIAMI LAKES, FL 33018 tie: MARIA POSADAS TERAN 15910 NW 87 CT	Address: Name and Title: VICE PRESIDENT
Name and T Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 16: MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT Address:
Name and T Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 16: MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT
Name and T Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT Address: Name and Title:
Name and Ti Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 16: MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT Address: Name and Title:
Name and Ti Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT Address: Name and Title:
Name and Ti Address Name and Ti Address	MARIA POSADAS TERAN 15910 NW 87 CT MIAMI LAKES, FL 33018 15910 NW 87 CT MIAMI LAKES, FL 33018	Address: Name and Title: VICE PRESIDENT Address: Name and Title:

(FAX TRANSMISS ON) TO 18506176381 From: 18547279773 Pages: 5

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:			
Address:			
			
ARTICI,E VII I	NCORPORATOR		
The name and add	Iress of the Incorporator is:		
Name:	LAMADRID FINANCIAL SERVICES	CORP	
Address:	1265 S PINE ISLAND RD		
	PLANTATION, FL 33324	_	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: 04/14/2021 te is listed, the date must be specific and can	(OPTIONAL) not be more than five days pr	ior or 90 days after the
Note: If the date in the document's eff	nserted in this block does not meet the applicabective date on the Department of State's record	le statutory filing requirements, s.	this date will not be listed as
Having been name certificate, I am far	d as registered agent to accept service of process niliar with and accept the appointment as regist	i for the above stated corporation tered agent and agree to act in ti	n at the place designated in this his capacity
ALEXIS LAMA	ADRID		04/14/2021
	Required Signature/Registered Agent	- 	Date
I submit this document to the De	ment and affirm that the facts stated herein ar partment of State constitutes a third degree felo	re true. I am aware that the fai my as provided for in s.817.155,	se information submitted in a F.S.
	EDRIQUE LOWNEY		04/14/2021
Required Signature	/Incorporator	Dat	