

P21 000039901

(Requestor's Name)

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☐ PICK-UP

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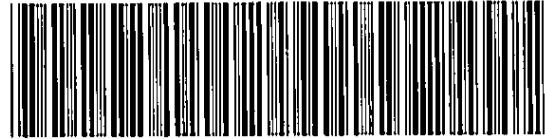
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 4/29/21**

**NAME: M&M MOBILE ACCESSORIES INC**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY -4 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 3, 2021

FLORIDA FILING & SEARCH SERVICES

SUBJECT: M&M MOBILE ACCESSORIES INC  
Ref. Number: W21000059230

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We have received your document for M&M MOBILE ACCESSORIES INC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 521A00009027

*please keep original file close*

*Thank you!*

## COVER LETTER

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

**SUBJECT:** M&M Mobile Accessories 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      ☐ \$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:** Mike Arfi  
Name (Printed or typed)  
16426 NE 31 Ave  
Address  
North Miami Beach FL 33160  
City, State & Zip  
305-842-9770  
Daytime Telephone number  
Mike@igcarit.com  
E-mail address: (to be used for future annual report notification)

2021 JUN 23 AM 7:58

**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: M&M Mobile Accessories Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2024 NE 161 St Ste 1  
North Miami Beach FL 33162

Mailing address, if different is:  
16426 NE 31 Ave  
North Miami Beach FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional Corporation

Wholesale cellphone accessories and repair parts

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mike Arfi - Owner Pres. Dent Name and Title: \_\_\_\_\_

Address 16426 NE 31 Ave Address: \_\_\_\_\_  
North Miami Beach FL 33160

Name and Title: Mobin Rashid - Owner Vice President Name and Title: \_\_\_\_\_

Address 3433 Jamont Blvd Address: \_\_\_\_\_  
Johns Creek GA 30022

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: Mike Arfi

Address: 16426 NE 31 Ave

North Miami Beach FL 33160

**ARTICLE VII INCORPORATOR**

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

Name: Mike Arfi

Address: 16426 NE 31 Ave

North Miami Beach FL 33160

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/28/2021 (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

04/28/2021

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

04/28/2021

Date