## P21000048629

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

M2) WW2 19V

CDY 2 2 2021

T. SCOTT



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February 16, 2021

JOHN A MCCARTHY 1423 PLUNKETT STREET HOLLYWOOD, FL 33020

SUBJECT: JM INSURANCE SERVICE INC

Ref. Number: W21000021190

We have received your document for JM INSURANCE SERVICE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 921A00003427

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: TM INSUIANCE SO	ervice INC	
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUI		
FROM: John A McCath Name	(Printed or typed)	
1423 - PlunKett S	Trect address	
Hollywood Florid	<i>la 330</i> 20 State & Zip	
954-614-3420 Daytime Te	elephone number	
inconthy 1423 og E-mail address: (to be used		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)

The name of the cornora	tion shall be: $\mathcal{TM}$ $\mathcal{IN}$	sulance Service	INC
ARTICLEII PRING 1423 Plun K 14011 YIN GOOL E	CIPAL OFFICE Principal street address	Mailing	address, if different is:
ARTICLE III PURPO	OSE the corporation is organized is:	Provide Insu.	rance Adjustino
ARTICLE IV SHAR The number of shares of	<i>ES</i> stock is: <b>AU</b>		
Name and Title	ul OFFICERS AND/OR DIREC : TüHN A. Mª Carth 1423 Plun Kett S	Pres. Name and Title:	
Name and Title	110/14wood Fl. 330	Name and Title:	
Address		Address:	2021 1141
Name and Title: Address			-3 PH 4: 00

Name and Ti	tle:		· 
Address		Address:	
		<del></del>	···
		<del>-</del>	
ARTICLE VI REC	ISTERED AGENT a street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	TOHN M. Coithy		
Address:	1611N MCothy 1423 PlunKett ST	<u> </u>	
4	6/14wood F1 33026	_	
ARTICLE VII INC	•		
The <u>name and addre</u>	s of the Incorporator is:		
Name:	JOHN MCCEPHY		
Address:	JOHN McCarthy 1423 Plunkett ST	<u> </u>	
	H-114wood F1, 33020	)	
ARTICLE VIII EF		OPTIONAL	
Effective date, if othe ( <b>If an effective date</b> i filing.)	r than the date of filing: s listed, the date must be specific and can	not be more than five days pri	or or 90 days after the
Note: If the date inse	rted in this block does not meet the applicative date on the Department of State's record		this date will not be listed as
	·		
	s registered agent to accept service of proces ar with and accept the appointment as regis		
John M	c Carthy		1-21-2021
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein a rtment of State constitutes a third degree fel		
Col N'C	athy		1.21.2021
Required Signature/Ir	corporator	Date	