305/201 448 10000 51243

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the far: audit number (shown below) on the top and bottom of all pages of the document.

(((H21000214764 3)))



H210002147643ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION RMM SERVICES CO.

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$78.75
	<u> </u>

I HAY 28 PH 4: 05

Electronic Filing Menu

Corporate Filing Menu

Help



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

ARTICLE I NAME: The name of the corporation is:

	MM Services Co.
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	17741 NW 14th Ct MIAMI FC 33
RTI	CLE III SHARES: The number of shares of stock is:
	A DITTOX II YEY
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	ROILY MACHADO MARRERO (P)
 -	
A TO II	
	TICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:
	ame and Florida street address (PO Box not acceptable) of the registered agent is:
	7. 70- 7-714
	MIAMI FL 33169
1	ROILY MACHADO MARRETRO
RT	ICLE VI INCORPORATOR: The name and address of the Incorporator is:
	201LY MACHADO MARRERO
1	2016 MACHADO MARRERO 7741 NW 14th Ct
	MIAMI FL 33169
	WILLIAM CONTRACTOR

Required Signatures:

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

Registered Agent US/26/21

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.

hour Date Date