

6/22/2021

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TPBS CORP
Account Number : I20190000112
Phone : (786)389-2779
Fax Number : (305)356-3688

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

Email Address: margarita@tpbsgroup.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MJD ACCOUNTING SERVICES CORP**

Certificate of Status	1
Certified Copy	0
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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/D ACCOUNTING SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12169 SW 4 STREET

PEMBROKE PINES FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARGARITA M JIMENEZ

Name and Title: PRESIDENT

Address

12169 SW 4 STREET

Address:

PEMBROKE PINES FL 33025

Name and Title:

Name and Title:

Address

Address:

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: MARGARITA M JIMENEZ
Address: 12169 SW 4 STREET
PEMBROKE PINES FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARGARITA M JIMENEZ
Address: 12169 SW 4 ST
PEMBROKE PINES FL 33025

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

06-22-2021

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.

MARGARITA M JIMENEZ

Required Signature/Incorporator

06-22-2021

Date

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