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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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 MMM ALL SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

1013 2 5 2021

T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is: MMM All SERVICES ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: BI40 SW 12 ST. TIAMI **SHARES:** The number of shares of stock is: \mathcal{O} ARTICLE III INITIAL DIRECTORS AND/OR OFFICERS: FIVIA ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: BARZO LA MARIN KIAMI. INCORPORATOR: The name and address of the Incorporator is: MARIO BARZOLA COSME SW 1251. MINHI SILLO

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent Date

I submit this document and affirm that the facts stated herein are time. 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.

Incorporator

Date