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Division of Corporations

P22000014348

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KCO SERVICES, LLC
Account Number : I20200000018
Phone : (954)744-6605
Fax Number : (833)648-2730

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: jmacstro@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
JMC PRO SERVICES INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

D. O'KEEFE

FEB 25 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JMC PRO SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address3208 SE 6TH STHOMESTEAD, FL 33033

Mailing address, if different is:

3208 SE 6TH STHOMESTEAD, FL 33033**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: JONATHAN M ARCINIEGAS CASTRO-PRESIDENT

Name and Title: _____

Address

3208 SE 6TH ST

Address: _____

HOMESTEAD, FL 33033

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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 TALLAHASSEE, FLORIDA

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: JONATHAN M ARCINIEGAS CASTRO
Address: 3208 SE 6TH ST
HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONATHAN M ARCINIEGAS CASTRO
Address: 3208 SE 6TH ST
HOMESTEAD, FL 33033

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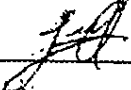
ARTICLE VIII EFFECTIVE DATE:

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 Date 02/23/2022

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 Date 02/23/2022