

P22000077034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

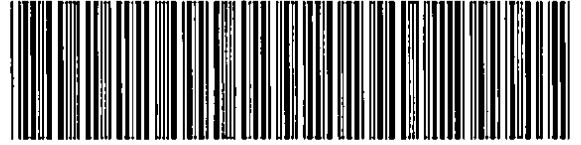
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OCT -7 2022

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OCT 6 2022
DIVISION OF CORPORATIONS

2022 OCT -6 PM 2:24

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I, Ken Webster WILL NOT REINSTATE NOR

REVOKE THE DISSOLUTION OF MM SERVICES OF N.F. INC

DOCUMENT NUMBER P 19000034311 AND I

RELEASE THE NAME FOR USE.

Ken Webster

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT-6 PM 3:56

COVER LETTER

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

SUBJECT: MM SERVICES of N. F. INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ken Webster
Name (Printed or typed)
6149 JASON TRAIL
Address
Tallahassee FL 32317
City, State & Zip
850 322 3192
Daytime Telephone number
KDWIKAPPA@AOL.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be:

MM SERVICES OF N.F. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

324 N. COPELAND ST
TALLAHASSEE FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

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DIVISION OF CORPORATIONS
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MELVIN FORD

Name and Title:

MELREN, SO FORD

Address

514 Long Pine
TALLAHASSEE FL
32305

Address:

514 Long Pine
TALLAHASSEE FL
32305

Name and Title:

ANTWAN FORD

Name and Title:

Address

514 Long Pine
TALLAHASSEE FL
32305

Address:

Name and Title:

Name and Title:

Address

Address:

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: Ken Webster
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ken Webster
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCT 1 2022 (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

Ken Webster
Required Signature/Registered Agent

OCT 1, 2022
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.

Ken Webster
Required Signature/Incorporator

OCT 1, 2022
Date