

P23000019268

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 : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

****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
M & J WINGS INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

FILED
23 MAR 13 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 03 11 8:25

COVER LETTER

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

SUBJECT: M & J WINGS 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
 Filing Fee

☐ \$78.75
 Filing Fee
 & Certificate of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☒ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: M & J WINGS LLC

Name (Printed or typed)

5502 SW 114TH AVE

Address

COOPER CITY, FL 33330

City, State & Zip

305-400-8312

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
 TALLAHASSEE, FL 32304

23 MAR 13 PM 12:30

FILED

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:

M & J WINGS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5502 SW 114TH AVE5502 SW 114TH AVECOOPER CITY, FL 33330COOPER CITY, FL 33330**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LAWFUL PURPOSES**ARTICLE IV SHARES**

The number of shares of stock is:

1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MOHAMMAD M HASAN, PDName and Title: MOHAMMAD M HOSSAIN, VPAddress: 5502 SW 114TH AVEAddress: 5502 SW 114TH AVECOOPER CITY, FL 33330COOPER CITY, FL 33330

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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23 MAR 13 PM 12:30
SECRETARY OF STATE
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: MOHAMMAD M HASAN
 Address: 5502 SW 114TH AVE
COOPER CITY, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMAD M HASAN
 Address: 5502 SW 114TH AVE
COOPER CITY, FL 33330

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.

Mohammad M Hasan

Required Signature/Registered Agent

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.

Mohammad M Hasan

Required Signature/Incorporator

Date

