

P23000037131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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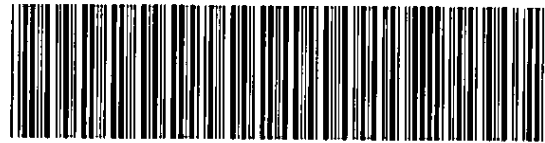
(Business Entry Name)

(Document Number)

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23 MAY 11 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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2003 MAY 11 AM 10:44
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: M&B Management, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAY 11 PM 6:55

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FROM: Jonathan McIntyre
Name (Printed or typed)
21460 SW 109 Ave
Address
Miami, FL 33189
City, State & Zip
786-229-9985
Daytime Telephone number
Jon155m@yahoo.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: M&B Management 1 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

21460 SW 109 Ave
Miami, FL 33189

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Maintenance Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan McIntyre / P

Address: 21460 SW 109 Ave
Miami, FL 33189

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 11 PM 6:55

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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: Jonathan McIntyre

Address: 21460 SW 109 Ave.

Miami, FL. 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: Jonathan McIntyre

Address: 21460 SW 109 Ave.

Miami, FL. 33189

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TALLAHASSEE, FLORIDA

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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

Jonathan McIntyre
Required Signature/Registered Agent

5-11-23

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.

Jonathan McIntyre
Required Signature/Incorporator

5-11-23

Date