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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CMJ Properties Management Services 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: Clarence Moses Jr
Name (Printed or typed)

2002 Indian Springs Ct.
Address

Tallahassee, FL 32304
City, State & Zip

850 566 7062
Daytime Telephone number

clarence_moses2@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: CMJ Properties Management Services Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2002 Indian Springs Ct. Tallahassee, FL 32303

Mailing address, if different is: P.O. BOX 181043 Tallahassee, FL 32303

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide janitorial services and make a profit.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Mabry Jr Owner/President
Address: 2002 Indian Springs Ct. Tallahassee, FL 32303

Name and Title: Ashley Mabry/Vice-Pre
Address: P.O. Box 181043 Tallahassee, FL 32303

Name and Title: Clarence Mabry Jr Treasurer
Address: 2002 Indian Springs Ct. Tallahassee, FL 32303

Name and Title: Marion Wilson secretary
Address: P.O. Box 181043 Tallahassee, FL 323

Name and Title:
Address:

Name and Title:
Address:

2023 AUG -1 PM 5:46

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: Clarence Mayes Jr

Address: 2002 Indian Springs Ct.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Clarence Mayes Jr

Address: 2002 Indian Springs Ct.
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/03/2023 (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

Clarence Mayes Jr
Required Signature/Registered Agent

08/03/2023
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.

Clarence Mayes Jr
Required Signature/Incorporator

08/03/2023
Date

2023 AUG -3 PM 5:46