

P24000034727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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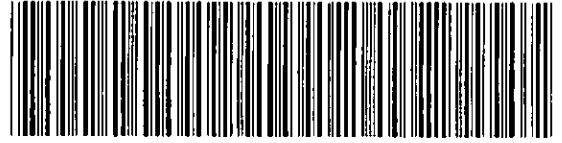
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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DATE: 05/16/2024

NAME: ME WORK SERVICES INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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COVER LETTER

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

SUBJECT: ME Work 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Elizabeth Silvestre Jiménez
Name (Printed or typed)

531 Banks Rd Apt. 7
Address

Margate, FL 33063
City, State & Zip

954 803 4389
Daytime Telephone number

Lizsilvestre51@gmail.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: ME Work Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

531 Banks Road Apt. 7
Margate, FL 33063

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth S. Jiménez/P Name and Title: _____

Address 531 Banks Road Apt. 7 Address: _____
Margate, FL 33063

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: Elizabeth S. Jimenez

Address: 531 bank Rd Apt. 7
Margate, FL 33063

ARTICLE VII INCORPORATOR

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

Name: Elizabeth S. Jimenez

Address: 531 bank Rd Apt. 7
Margate, FL 33063

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TALLAHASSEE, FL

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

x Elizabeth
Required Signature/Registered Agent

5/13/24
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.

x Elizabeth
Required Signature/Incorporator

5/13/24
Date