Florida Department of State

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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RASI
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
M & J ASSOCIATES, INC.

Certificate of Status	0
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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 Associates, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 725 Winslow Park Blvd
Tarpons Springs, FL 34688
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Investing Consultant

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Masters President
Address: 725 Winslow Park Blvd
Tarpons Springs, FL 34688

Name and Title: Johnathon Minor V-President
Address: 9508 Venturi Drive
Trinity, Florida 34655

Name and Title:
Address:

Name and Title:
Address:

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_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Masters

Address: 725 Winslow Park Blvd
Tarpons Springs, FL 34688

ARTICLE VII INCORPORATOR

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

Name: Carmine Vellat Co., Inc.

Address: 25 LeRoy Place Suite 411
New Rochelle, NY 10805

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

_____ 7/12/2024

Required Signature/Registered Agent 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.

Carmine Vellat 7/12/2024

Required Signature/Incorporator Date