

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jenisq@hotmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MJ MEDICAL SOLUTION INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2024 AUG 29 PM 4:54

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COVER LETTER

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

SUBJECT: MJ MEDICAL SOLUTION 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ARES & COMPANY CPA PA
Name (Printed or typed)
3636 SW 87 AVE
Address
MIAMI, FL 33165
City, State & Zip
305-229-8256
Daytime Telephone number
jenisq@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MJ MEDICAL SOLUTION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2500 HOLLYWOOD BLVD

Mailing address, if different is:

STE 304HOLLYWOOD, FL 33020**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MAYBI COHEN, PRESIDENT

Name and Title: _____

Address 7940 NW 190 LANE

Address: _____

HIALEAH, FL 33015Name and Title: JENILESS SANCHO

Name and Title: _____

Address 8041 NW 169TH TERRACE

Address: _____

MIAMI LAKES, FL 33016

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: JENILESS SANCHO

Address: 8041 NW 169TH TERRACE
MIAMI LAKES, FL 33016**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: JENILESS SANCHO

Address: 8041 NW 169TH TERRACE
MIAMI LAKES, FL 3301624 AUG 29 AM 2:47
DEPT OF STATE
CORPORATIONS**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*

JENILESS SANCHO

08/29/2024

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.*

JENILESS SANCHO

08/29/2024

Required Signature/Incorporator_____
Date