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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: _____

RECEIVED
2024 SEP 20 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
P & M MIAMI INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2024 SEP 20 2:00

COVER LETTER

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

SUBJECT: P & M MIAMI 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: P & M MIAMI INC
Name (Printed or typed)

3637 BARBADOS AVE

Address

COOPER CITY, FL 33026

City, State & Zip

954-864-9340

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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: P & M MIAMI INC

ARTICLE II PRINCIPAL OFFICE

Principal address

8728 NW 32 AVE

MIAMI, FL 33147

Mailing address, if different is:

3637 BARBADOS AVE

COOPER CITY, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD AKTARUZZAMAN, P

Address 3637 BARBADOS ABE

COOPER CITY, FL 33026

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: MD AKTARUZZAMAN
Address: 3637 BARBADOS AVE
COOPER CITY, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD AKTARUZZAMAN
Address: 3637 BARBADOS AVE
COOPER, FL 33026

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

Md Aktaruzzaman 09/19/2024
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.

MD AKTARUZZAMAN 09/19/2024
Required Signature/Incorporator Date

2024