

PD7000090504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
8/11

COVER LETTER

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

SUBJECT: JDM 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: JEREMIAS MARTORELL

Name (Printed or typed)

9618 FONTAINEBLEAU BLVD

Address

MIAMI FL 33172

City, State & Zip

786-5867927

Daytime Telephone number

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:

JDM SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9618 FONTAINEBLEAU BLVD
MIAMI FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JEREMIAS MARTORELL - PRESIDENT
20839 NW 4 ST
PEMBROKE PINES FL 33029
DANIELA MARTORELL - VICE PRESIDENT
20839 NW 4 ST
PEMBROKE PINES FL 33029

ARTICLE VI REGISTERED AGENT

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

JEREMIAS MARTORELL
20839 NW 4 ST
PEMBROKE PINES FL 33029

ARTICLE VII INCORPORATOR

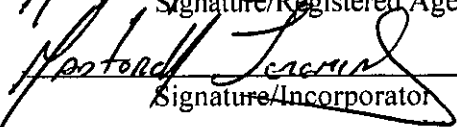
The name and address of the Incorporator is:

JEREMIAS MARTORELL
20839 NW 4 ST
PEMBROKE PINES FL 33029

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



Signature/Registered Agent

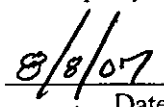


Signature/Incorporator

FILED

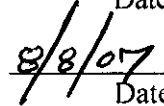
07 AUG 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8/8/07

Date



8/8/07

Date