

PO0000046825

TRANSMITTAL LETTER

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

300003242373--0  
-05/08/00-01073--009  
\*\*\*\*\*18.75 \*\*\*\*\*18.75

SUBJECT: MORENO PROFESSIONAL SERVICES, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: NILDA MORENO  
Name (Printed or typed)

15460 SW 296 ST  
Address

HOMESTEAD, FL 33033  
City, State & Zip

305-248-3080 / 305-519-7966  
Daytime Telephone number

FILED  
00 MAY - 8 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T BROWN MAY 11 2000

**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:

**MORENO PROFESSIONAL SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**15460 SW 296 ST  
HOMESTEAD, FL 33033**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO PROVIDE PRODUCTS AND SERVICES  
TO CONSUMERS AND BUSINESSES**

ARTICLE IV SHARES

The number of shares of stock is:

**100**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**VICTOR L. MORENO  
29 OVIEDO AVE #4  
CORAL GABLES, FL 33134**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MILDA MORENO  
15460 SW 296 ST  
HOMESTEAD, FL 33033**

\*\*\*\*\*  
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

**5/3/2000**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**5/3/2000**  
\_\_\_\_\_  
Date

**FILED**  
**00 MAY -8 AM 8:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**