

713000027468

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

6039A

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000067419 3)))



H130000674193ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 25 PM 12:14

RECEIVED

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 25 AM 11:19

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
BIBIANA MENDEZ, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H13000067419.

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: BIBIANA MENDEZ, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5224 WEST SR. 46, #155
SANFORD, FL 32771

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BIBIANA MENDEZ, P/V/P/T/S
Address: 5224 WEST SR 46, #155
SANFORD, FL 32771

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 25 AM 11:19

FILED

H13000067419.

H13000067419 (cont.)

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: BIBIANA MENDEZ
Address: 5224 WEST SR 46, #155
SANFORD, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BIBIANA MENDEZ
Address: 5224 WEST SR 46, #155
SANFORD, FL 32771

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

Bibiana Mendez 3/25/13
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.

Bibiana Mendez 3/25/13
Required Signature/Incorporator Date

13 MAR 25 AM 11:19
FILED
DEPT. OF STATE
TALLAHASSEE FLORIDA

H13000067419