

P/5000071932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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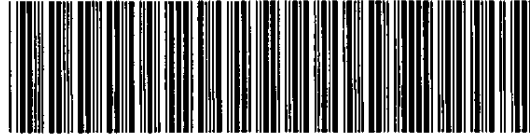
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/25/15--01009--002 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 AUG 25 AM 10:34

EFFECTIVE DATE 08/20/15

*F* 09/01/15

## COVER LETTER

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

**SUBJECT:** EDMEN MODULAR 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      ☐ \$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:** EDGAR MENDEZ

\_\_\_\_\_  
Name (Printed or typed)

5600 NW 72ND AVE, SUITE # 668768

\_\_\_\_\_  
Address

MIAMI, FL 33166

\_\_\_\_\_  
City, State & Zip

786-619-6259

\_\_\_\_\_  
Daytime Telephone number

edgarmc85@hotmail.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: EDMEN MODULAR SERVICES INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5600 NW 72ND AVE, SUITE # 668768

MIAMI, FL 33166

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE FOR WHICH THE CORPORATION IS  
ORGANIZED IS TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAW OF  
THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is: 1500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDGAR MENDEZ/PRESIDENT

Name and Title: \_\_\_\_\_

Address 5600 NW 72ND AVE, SUITE # 668768

Address: \_\_\_\_\_

MIAMI, FL 33166

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 AUG 25 AM 10:34

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: EDGAR MENDEZ

Address: 5600 NW 72ND AVE, SUITE # 668768

MIAMI, FL 33166

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15 AUG 25 AM 10:34

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EDGAR MENDEZ

Address: 5600 NW 72ND AVE, SUITE #668768

MIAMI, FL 33166

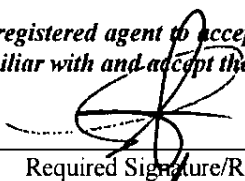
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/20/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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.

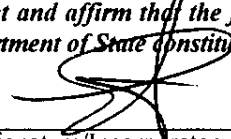
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/20/2015

\_\_\_\_\_  
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.*

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

08/25/2015

\_\_\_\_\_  
Date