

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.

(((H170000280073)))



Ŀ<u>Ⴗ*ႨႨჼჼჼჽჼ*ჼჼ</u>

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION MEDINA & DELGADO CORP.

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

17 JAN 30 AM 9: 29
SECRETARY OF STAIL
ALL AHASSEE FISTAIL

Electronic Filing Menu

Corporate Filing Menu

Help

H17000028007

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MEDINA & DELGADO CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 833 S.w. 13 th CT APT.#204
MIDMI, FLORIDA 33135
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
EVELIO MAYKEL MEDINA (PS)
JUAN CARLOS PELGADO (YP)
1 7 TES
SSE SSE
S. A. C.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address (PO Box not acceptable) of the registered agent is:
EVELIO MAYKEL MEDINA
833 S.W. 13 th CT. APT.#204.
MIAMI, FLORIDA 33136
3
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
EVELIO MAYKEL MEDINA
833 S.W. 13th CT. APT. #204
MIAMI, FLORIDA 33135

H17000028007

Required Signatures:

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

Registered Agent O 1 / 30 / 30 / 4

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.

1 Incorporator 01/30/2017