

P 20000020296

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
B Mendez Medical Consultant, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2020 MAR -5 PM 3:01

RECEIVED

Handwritten signature and date: 3/6/2020

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: B Mendez Medical Consultant, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
13763 NW 20th Street _____
Pembroke Pines, FL 33028 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Brian L. Mendez, President</u>	Name and Title: _____
Address: <u>13763 NW 20th Street</u>	Address: _____
<u>Pembroke Pines, FL 33028</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Brian L. Mendez
 Address: 13763 NW 20th Street
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian L. Mendez
 Address: 13763 NW 20th Street
Pembroke Pines, FL 33028

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 03/05/2020
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 03/05/2020
Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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