

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.ex>

P20000060541

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H20000270515 3)))



H200002705153ABCW

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 : I20000000019
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
M&V COMMUNITY SOCIAL SERVICES INC**

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PROFESSIONAL SERVICES

2020 AUG 10 AM 10:12

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:M & V COMMUNITY Social Services INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1840 W 49 Street Suite 202
Hiwaleah, FL, 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRESIDENT: DAMARIS Pacheco VideraVice president: Onilver LAZARO Lopez Ojeda**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Onilver LAZARO Lopez Ojeda9200 SW 42nd TERMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Onilver LAZARO Lopez Ojeda9200 SW 42nd TERMIAMI FL 33165

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

X 

Registered Agent

08/07/2020
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.

X 

Incorporator

08/07/2020
Date