

8/17/2020

Division of Corporations

P20 000062220

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (888)653-6564

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

Email Address: info@ulloacompany.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MHP Property Investment, Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: MHP Property Investment, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 30032 SW 149 CT, HOMESTEAD, FL 33033

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mery Lara, President

Address: 17011 SW 213 LANE, MIAMI, FL 33187

Name and Title: Elda P Lara, Vice-President (VP)

Address: 30032 SW 149 CT, HOMESTEAD, FL 33033

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

2020 AUG 17 PM 4:33
STATE
FLORIDA
CLERK OF COURT

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

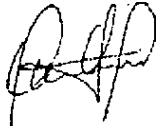
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

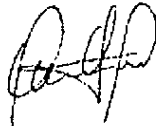
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

08/17/2020

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

08/17/2020

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FLORIDA STATE
TALLAHASSEE, FL