

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 fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000130051 3)))



H210001300513ABCN

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 : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

****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
MENTRUCK CORP**

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

RECEIVED

2021 APR -2 PM 4:16

CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

2021 APR -2 PM 2:43

4/5/21
[Signature]

(((H21000130051 3)))

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: MENTRUCK CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

8954 NW 181ST ST
HIALEAH, FL 33018

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

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 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXEI MENDEZ/ PRESIDENT

Name and Title: ROBERTO MENDEZ JR/ VP

Address 8954 NW 181ST ST
HIALEAH, FL 33018

Address: 8954 NW 181ST ST
HIALEAH, FL 33018

Name and Title: ROBERTO MENDEZ SR / VP

Name and Title: LETICIA MENDEZ / S

Address 8954 NW 181ST ST
HIALEAH, FL 33018

Address: 8954 NW 181ST ST
HIALEAH, FL 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(((H21000130051 3)))

FILED
21 APR -2 PM 2:43
CLERK OF COURT
HIALEAH, FL

((H21000130051 3))

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: ALEXEI MENDEZ

Address: 8954 NW 181ST ST

HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXEI MENDEZ

Address: 8954 NW 181ST ST

HIALEAH, FL 33018


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

03/31/2021

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

Date

03/21/2021

((H21000130051 3))

FILED
021 APR -2 PM 2:43
Date