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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 : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : 120190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

****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
MELVIN & F LANDSCAPING, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

Department of State New
Filing Section Division
of Corporations P. O.
Box 6327
Tallahassee, FL 32314

SUBJECT: MELVIN & F LANDSCAPING, CORP
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MELVIN U. DIAZ VELASQUEZ

Name (Printed or typed)

2940 NW 91 STREET

Address

Miami, FL 33147

City, State & Zip

786-752-5514

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MELVIN & F. LANDSCAPING CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2940 NW 91 STREET
MIAMI, FL 33147Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: LANDSCAPING

_____**ARTICLE IV SHARES**The number of shares of stock is: 100
_____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MELVIN U. DIAZ VELASQUEZ / PRES Name and Title: _____Address 2940 NW 91 STREET Address: _____
MIAMI, FL 33147 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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20 MAR 12 AM 11:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

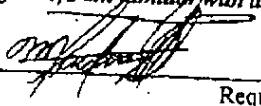
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MELVIN U. DIAZ VELASQUEZAddress: 2940 NW 91 STREETMIAMI, FL 33147**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MELVIN U. DIAZ VELASQUEZAddress: 2940 NW 91 STREETMIAMI, FL 33147SECRET
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 APR 12 AM 11:14

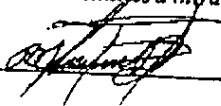
FILED

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: FEB - 01 - 2021 (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 Agent04-08-2021

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

04-08-2021