

P21000049932

Florida Department of State

Division of Corporations  
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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 : (305)275-1301

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

Email Address: irina\_mendez@hotmail.com

2021 MAY 25 PM 5:31

P11 - 11

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Irina Mendez PA**

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

RECEIVED  
2021 MAY 25 AM 8:25  
TALLAHASSEE

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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: Irina Mendez, PA

### **ARTICLE II PRINCIPAL OFFICE**

Principal **street** address is: 1300 Brickell Bay Drive, Apt# 2405, Miami, FL 33131

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Association conducting real estate services

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Irina Mendez Wilkins, President

Address: 1300 Brickell Bay Drive, Apt# 2405, Miami, FL 33131

### **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

2021 MAY 25 PM 12:32

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#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

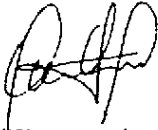
Ulloa and Company Professional Association

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

#### ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 05/21/2021

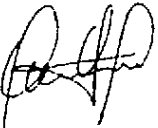
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/21/2021

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

05/21/2021