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

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FLORIDA PROFIT/NON PROFIT CORPORATION MENDELOVITZ ASSOC S. INC

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

2022 AUG -9 PM 4:44
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: MENDELOVITZ ASSOC'S. INC
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: FILE RIGHT LLC
Name (Printed or typed)

5314 16th Ave Suite 139
Address

Brooklyn, NY 11204
City, State & Zip

718-878-5811
Daytime Telephone number

sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

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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 NAME

The name of the corporation shall be: MENDELOVITZ ASSOC'S. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9559 COLLINS AVE, SUITE 903S
SURFSIDE, FL 33154

9559 COLLINS AVE, SUITE 903S
SURFSIDE, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HILLEL MENDLOVITZ, President Name and Title:

Address 9559 COLLINS AVE, SUITE 903S Address:
SURFSIDE, FL 33154

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2022 Aug -9 AM 11:45

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: HILLEL MENDLOVITZ
 Address: 9559 COLLINS AVE, SUITE 903S
SURFSIDE, FL 33154

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HILLEL MENDLOVITZ
 Address: 9559 COLLINS AVE, SUITE 903S
SURFSIDE, FL 33154

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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

/s/ Hillel Mendlovitz 8/9/22
 Required Signature/Registered Agent 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.

/s/ Hillel Mendlovitz 8/9/22
 Required Signature/Incorporator Date