

Division of Corporations

**H23000019282**  
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 : FANJUL ENTERPRISES LLC  
Account Number : 120190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

\*\*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  
M&C FIRE PROTECTION CORP

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

6 11:19  
2023

23 MAR 13 PM 12:30  
MAILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MSC FIRE PROTECTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 11431 SW 33RD LN  
MIAMI, FL 33165  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_  
ANY AND ALL LAWFUL PURPOSES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX MENDOZA-P Name and Title: \_\_\_\_\_  
Address: 11431 SW 33RD LN Address: \_\_\_\_\_  
MIAMI, FL 33165 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: ALEX MENDOZA  
Address: 11431 SW 33RD LN  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEX MENDOZA  
Address: 11431 SW 33RD LN  
MIAMI, FL 33165

**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*

X

\_\_\_\_\_  
Required Signature/Registered Agent

03/08/2023  
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.*

X

\_\_\_\_\_  
Required Signature/Incorporator

Date

23 MAR 13 PM 10:35  
RECEIVED  
STATE OF FLORIDA  
CORPORATION DIVISION