30000 24 Florida Department of State ivision 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.

(((H230001245193)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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&M MED CORP	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	050.55

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

MIH HED CORP		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
4471 NW 36 ST STE 243		
- HIAMI Springs Fl 33166		
ARTICLE III SHARES: The number of shares of stock is: 100		
A DETICAL TO 174		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
CRUZ HANZANO, Hiquel A (P)		
4471 NW 36 ST STE 243		
Miani Springs, Fl 33166		
APR PR		
A Prince that the same of the		
The name and Florida street address (DO B.		
The name and Florida street address (PO Box not acceptable) of the registered agent is: CRUZ HANZAND, Higusl A		
4471 DW 36 ST SUITE 243		
Miaui Springs, Fl 33166		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
CRUZ HANZANO, Miguel A		
4471 NW 360 ST STE 243		
- Hiani Springs, Fl 33/64		

EIN: 92-3271638

Required Signatures:

. . . .

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

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.

| 3|31|2023 | Date

FILED

23 APR -3 PH I2: 35

JALLAHASSEL 12: 35