

9/11/23, 9:17 AM

Division of Corporations

P23000018053

Florida Department of State
Division 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.

(((H23000318053 3)))



H230003180533ABCZ

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 : 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
TAMPAC MAINTENANCE AND REPAIR CORP

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

RECEIVED
2023 SEP 11 PM 1:07
CORPORATIONS
SPECIAL
SERVICES

2023 SEP 11 PM 9:15
CORPORATIONS
SPECIAL
SERVICES

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TAMP AC MAINTENANCE AND REPAIR CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7326 SWINDON RDTAMPA, FL 33615**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: MATTHEW MENA-P

Name and Title: _____

Address 7326 SWINDON RD

Address: _____

TAMPA, FL 33615

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MATTHEW MENA
Address: 7326 SWINDON RD
TAMPA, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW MENA
Address: 7326 SWINDON RD
TAMPA, FL 33615


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

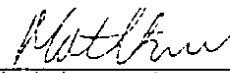
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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  08/28/2023
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.

X  08/28/2023
Required Signature/Incorporator Date