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Division of Corporations

P24000019375

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: Ebacalan@meconcierge.me

2024 MAR 18 PM 3:04

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FLORIDA PROFIT/NON PROFIT CORPORATION
M&E Concierge FL INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: M&E Concierge FL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1773 Gormley Ave

Merrick, NY 11566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Staffing home caregivers and nursing.

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgardo Bacalan, President

Name and Title:

Address: 1773 Gormley Ave

Address:

Merrick, NY 11566

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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STATE OF FLORIDA
TALLAHASSEE

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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:	Edgardo Bacalan
Address:	791 Citrus Place
	Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Edgardo Bacalan
Address:	1773 Gormley Ave
	Merrick, NY 11566

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 business days prior or 90 business 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/ Edgardo Bacalan

03/18/2024

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/ Edgardo Bacalan

Required Signature/Incorporator

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03/18/2024
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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