P24000052978

5/8/24, 12:52 PM Division of Corporations

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.

(((H24000167523 3)))

H24000167523ABC/

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 : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

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

Email Address: _____

RECEIVED
2024 MAY 13 AM 11:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Mendez Family HM , Inc.

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

Electronic Filing Menu Corporate Filing Menu Help

https://efile.sunbiz.org/scripts/efilcovr.exe H24000167523 3

FILED
2024 MAY 13 AM 8:44
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

H24000167523 3

COVER LETTER

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

SUBJECT: Mendez family HM, 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: Kristi Long
Name (Printed or typed)

1306 SE 46th Lane, Ste 1
Address

Cape Coral, FL 33904
City, State & Zip

239 850 9451
Daytime Telephone number

horacio1204@icloud.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
2024 MAY 13 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FL

H24000167523 3

H24000167523 3

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: Mendez Family HM, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
303 NE 3rd AVE, #4
Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Horacio Esteban Mendez Lozano, P
Address: 413 NW 3rd Lane
Cape Coral, FL 33993

Name and Title: Yessica Berenice Mendez Lozano, VP
Address: 413 NW 3rd Lane
Cape Coral, FL 33993

Name and Title:
Address:

FILED
2024 MAY 13 AM 8:44
TALLAHASSEE, FLORIDA

H24000167523 3

H24000167523

Name and Title: _____ Name and Title _____

Address _____ Address _____

_____ _____

_____ _____

ARTICLE II REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Horacio Esteban mendez Lozano

Address: 413 NW 3rd Lane

Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Horacio Esteban mendez Lozano

Address: 413 NW 3rd Lane

Cape Coral, FL 33993

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.

_____ 05/04/24

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.

_____ 05/04/24

Required Signature/Incorporator Date

H24000167523

FILED
2024 MAY 13 AM 8:44
SEC. OF STATE
TALLAHASSEE, FLORIDA