

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Liane Mendoza PA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Liane Mendoza PA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7420 SW 107th Ave, Apt 7210Miami, FL 33173**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 1.000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Liane Mendoza, President

Name and Title: _____

Address 7420 SW 107th Ave, Apt 7210

Address: _____

Miami, FL 33173

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Liane MendozaAddress: 7420 SW 107th Ave, Apt 7210Miami, FL 33173**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Liane MendozaAddress: 7420 SW 107th Ave, Apt 7210Miami, FL 33173**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*_____
Required Signature/Registered Agent06/28/2024

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.*_____
Required Signature/Incorporator

ate

06/28/2024

2024

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