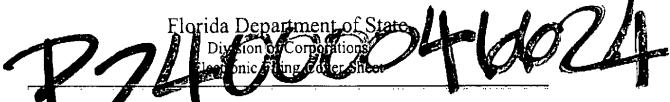
7/12/24, 3:15 PM

Division of Corporations



ge and use it as a cover sheet. Type the fax audit number wh below) on the top and bottom of all pages of the document.

(((H24000237586 3)))



H240002375863ABC4

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 : TAX 5 PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future annual report mailings. Foter only one email address please.\*\*
INFO@TAXSPRO.COM

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION MONDAY CALL INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

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

SUBJECT:	MONDAY CALL INC
	(PROPOSED CORPORATE NAME MUST INCLUDE SUI

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**31** \$70.00

**□ \$78.75** 

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Name (Printed or typed)  8030 PINES BLVD		
	Address		
	PEMBROKE PINES, FLORIDA 33024		
	City, State & Zip		
	786-3072733		
	Daytime Telephone number		
	INFO@TAXSPRO.COM		
	E-mail address: (to be used for future annual report notification)		

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

i⊊3014

## ARTICLES OF INCORPORATION

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

TICLE I NAME of the corporati	on shall be: MOND	AY CALL INC
MIAMI, I	Principal street address 103 AVE FL 33173	Mailing address, if different is:  8610 SW 103 AVE  MIAMI, FL 33173
ANY AND ALI	LAWFUL BUSINESS	
<del></del>		
RTICLE IV SHARE number of shares of s	<u>\$</u> tock is:100	
RTICLE V INITIAL  Name and Title:	LOFFICERS AND/OR DIRECTORS  ESIDENT	Address:
RTICLE $V$ INITIAL Name and Title:	LOFFICERS AND/OR DIRECTORS  ESIDENT	
RTICLE V INITIAL  Name and Title:  Address PR	LOFFICERS AND/OR DIRECTORS  ESIDENT	
Name and Title:  Address PR  BIA  861	LOFFICERS AND/OR DIRECTORS  ESIDENT  AZ MILAN, DAN	
Name and Title: Address PR DIA 861	LOFFICERS AND/OR DIRECTORS ESIDENT AZ MILAN, DAN O SW 103 AVE	IEL
Name and Title:  Address PR  BIA  861	ESIDENT AZ MILAN, DAN O SW 103 AVE AMI, FL 33173	Name and Title:  Address:
Name and Title:  Address PR  B61  MI	ESIDENT AZ MILAN, DAN O SW 103 AVE AMI, FL 33173 VICE PRESIDENT	Name and Title:  Address:
Name and Title:  Address PR  BIA  861	ESIDENT AZ MILAN, DAN O SW 103 AVE AMI, FL 33173 VICE PRESIDENT	Name and Title:  Address:

Name and Title: TREASURE Name and Title: \_\_\_\_\_\_

Address	FERNANDEZ MORERA RAI	FERNANDEZ MORERA RAFAEL ALEJANDRO		
	8610 SW 103 AVE			
	MIAMI, FL 33173			
ARTICLE VI A	REGISTERED AGENT Orlda street address (P.O. Box NOT acceptable) of the registered agen	t is:		
Name:	TAX S PRO-CORP———			
Address:	8030 PINES BLVD			
	PEMBROKE PINES, FL 33024			
<u>ARTICLE VII - I</u>	NCORPORATOR			
The name and add	dress of the Incorporator is:			
	TAX S PRO CORP			
Address:	8030 PINES BLVD			
	PEMBROKE PINES , FL 33024			
ARTICLE VIII	EFFECTIVE DATE: 0712/2024 (OP)			
(If an effective da filing.)	ite is listed, the date must be specific and cannot be more than fiv	(ONAL) e days after the		
Note: If the date if the document's eff	nserted in this block does not meet the applicable statutory filing requestive date on the Department of State's records.	uirements, this date will not be listed as		
Having been name certificate, I am fai	ed as registered agent to accept service of process for the above stated c miliar with and accept the appointment as registered agent and agree	orporation at the place designated in this to act in this capacity		
<del></del>		07/12/2024		
	Required Signature/Registered Agent	Date		
submit this docu locument to the De	ment and affirm that the facts stated herein are true. I am aware to epartment of State constitutes a third degree felony as provided for in	nut the fulse information submitted in a \$817.155, F.S.		
		07/12/2024		