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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC

Account Number : I20230000151 Phone : (305)595-2407 Fax Number : (305)595-2408

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

Email	Address:	
Ciliati	AUUI ESS.	

FLORIDA PROFIT/NON PROFIT CORPORATION HECTOR M ORDONEZ P.A.

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

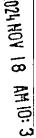
Electronic Filing Menu Corporate Filing Menu

COVER LETTER

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

SUBJECT:	CTOR M ORDONEZ P.A.			
SUBJECT.	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	i a check for:	
Enclosed are an	ongmar and one (ty oup; 11			
■ \$70.00	0 □ \$78.75	□ \$78.75	☐ \$87.50	
Filing Fe		Filing Fee	Filing Fee.	
- 52	& Certificate of Status	& Certified Copy		
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		ADDITIONAL CO	Status	
	ADDITIONAL COPY REQU		IF I KEQUIKED	
			<u> </u>	
	MARIA E RUIZ			
FROM:	Nam	e (Printed or typed)		
		,		
	7750 SW 117TH AVE SUITE 203			
	Address			
	MIAMI FLORIDA 33183			
	City	, State & Zip		
	305 595-2407			
	Daytime	Telephone number		
	MARIAQUIROS9@HOTMAIL.COM			
	E-mail address: (to be use	ed for future annual report	notification)	
			LVI SI	

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



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

	Principal street address	Mailing address, if different i	s:
440 S DIXIE HWY L	JNIT 910		
MAMI, FLORIDA 33	3143		
e purpose for which t	the corporation is organized is: ANY AN	D ALL LEGAL PURPOSES	
			1
			<u> </u>
			<u> </u>
RTICLE IV SHAR	<u>ES</u> 100		
he number of shares of	stock is:		
pricie u initi	AL OFFICERS AND/OR DIRECTORS		
_		NT Name and Title:	
Name and Titl	8440 S DIXIE HWY UNIT 910	Name and Title:	
Address		Address:	
	MIAMI, FLORIDA 33143		
			ī
Name and Title			
	:	Name and Title:	
Name and Title Address	:	Name and Title:	
	:	Name and Title:	
	:	Name and Title:	
Address		Name and Title:Address:	
Address	e:	Name and Title:Address:	
Address		Name and Title:Address:	2024 HOY
Address Name and Title	e:	Name and Title:Address:	2024 HOY 18
Address Name and Title	e:	Name and Title: Address: Name and Title: Address:	2024 HOY 18 A

Name and Title:		Name and Title:		
Address		Address:		
		_		
				
			l	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	1	
Name:	HECTOR M ORDONEZ			
Address:	8440 S DIXIE HWY UNIT 910	_		
71001000	MIAMI FLORIDA 33143	_		
		_		
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	HECTOR M ORDONEZ			
Address:	8440 S DIXIE HWY UNIT 910		i	
	MIAMI FLORIDA 33143	-		
				
ARTICLE VIII	EFFECTIVE DATE: 11/17/2024		j	
Effective date, if (If an effective of filing.)	f other than the date of filing: 11/17/2024 date is listed, the date must be specific and cam	. (OPTIONAL) not be more than five days prio	er or 90 days after the	
	e inserted in this block does not meet the applicab		his date will not be listed as	
the document's	effective date on the Department of State's record	S.		
Having been nat	med 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 regist	ered agent and agree to act in thi	s capacity	
X<			11/15/2024	
	Required Signature/Registered Agent		Date	
I submit this do	cument and affirm that the facts stated herein at Department of frate constitutes a third degree felo	e true. I am aware that the fals	e information submitted in a . F.S.	
		· · · · · · · · · · · · · · · · · · ·	1	
Required Signat	urc/Incorporator	Date	11/15/2024	
			, ~	
			SE SE	
			TALLAHA	
			100 TO	



November 17, 2024

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

Re: HECTOR M ORDONEZ PA

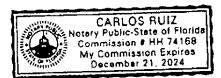
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any guestions or concerns please do not hesitate to contact me.

Sincerely,

HECTOR M ORDONEZ



_SECRETAN FOLSTAL