

7/12/24, 3:15 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP

Account Number : 120200000147

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. Enter 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL 12 PM 4: 04

2024 JUL 12 PM 3:41

RECEIVED

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 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: **TAX S PRO CORP**
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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

24 JUL 12 PM 4: 06

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:

MONDAY CALL INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8610 SW 103 AVE
MIAMI, FL 33173

Mailing address, if different is:

8610 SW 103 AVE
MIAMI, FL 33173

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:

Address **PRESIDENT** Address:

DIAZ MILAN, DANIEL

8610 SW 103 AVE

MIAMI, FL 33173

Name and Title:

Address:

VICE PRESIDENTE

Name and Title:

Address

VEGA ALFONSO, MAURICIO ALFREDO

8610 SW 103 AVE

MIAMI, FL 33173

Name and Title:

Address:

Name and Title: TREASURE Name and Title: _____
 Address: FERNANDEZ MORERA, RAFAEL ALEJANDRO Address: _____
8610 SW 103 AVE _____
MIAMI, FL 33173 _____

ARTICLE VI REGISTERED AGENT

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

Name: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES, FL 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 0712/2024 (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 Agent 07/12/2024
 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.S.

 Required Signature/Incorporator 07/12/2024