

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P18000088452**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FLORIDA MULTISERVICES, INC.  
Account Number : I20150000061  
Phone : (786)290-3319  
Fax Number : (305)645-2035

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

Email Address: FLmultiservices@rynduro.com

FILED  
2018 OCT -2 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIA ARNICA CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN  
OCT 25 2018

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MARIA ARNICA CORP.  
5737 SW 4<sup>th</sup> STREET  
MIAMI, FL 33144

October 2, 2018

Florida Department of State

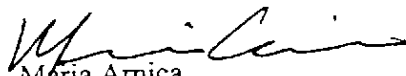
Division of Corporations  
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of MARIA ARNICA CORP., Document No. P16000038267 is the same owner of the attached articles of incorporation. That was corporation is dissolved and we have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,

  
Maria Arnica  
President

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**COVER LETTER**

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

**SUBJECT:** MARIA ARNICA, CORP.  
**(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: MARIA D ARNICA  
Name (Printed or typed)

5737 SW 4TH STREET  
Address

MIAMI, FL. 33144  
City, State & Zip

(305)631-6666  
Daytime Telephone number

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

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

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

ARTICLE I NAME MARIA ARNICA, CORP.  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
5737 SW 4TH STREET \_\_\_\_\_  
MIAMI, FL 33144 \_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ARTICLE IV SHARES THREE HUNDRED SHARES NO PAR VALUE  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  
Name and Title: MARIA D ARNICA PDTS Name and Title: \_\_\_\_\_  
Address: 5737 SW 4TH STREET Address: \_\_\_\_\_  
MIAMI, FL 33144 \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIA D ARNICA

Address: 5737 SW 4TH STREET

MIAMI, FL 33144

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA D ARNICA

Address: 5737 SW 4TH STREET

MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/01/2018 (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*

*Maria Arnica*  
 Required Signature/Registered Agent

10/01/2018  
 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.*

*Maria Arnica*  
 Required Signature/Incorporator

10/01/2018  
 Date

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