# P22000033959

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(Cit	y/State/Zip/Phone	#)	
PICK-UP	TIAW	MAIL.	
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer.		

Office Use Only



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ĂLLAHASSEE, FLOR

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2022 MAY -5 AM II: 55

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## CORPORATE When you need ACCESS to the world

ACCESS, \_\_\_\_ INC.

6.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK	UP: 5/5 DANNY
xx	CERTIFIED COPY PHOTOCOPY CUS	
XX	FILING	INC
<ol> <li>2.</li> </ol>	SERVI VARIOS ELIZA (CORPORATE NAME AND DOCUME	
3.	(CORPORATE NAME AND DOCUME	IENT#)
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INSTRU		

## **COVER LETTER**

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

	(PROPOSED CORPOR	ATE NAME – MUST INCLI	UDE SUFFIX)
	,	<u></u>	<u>oog gorrin</u>
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	xx□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Total Account Nam 14651 SW 148 <sup>th</sup> Str	ne (Printed or typed)	<del></del>
		Address	
	City	, State & Zip	
	Miami FL 33196		
	Daytime (305) 495-8863	Telephone number	
	E-mail address: (to be use	ed for future annual report n	otification)
	Taservices01@gmail.com		

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)

FILED

ARTICLE I	NAME		20?? MAY -5 AM 9: 21
The name of the	corporation sh	all be: Servi Varios Elizabeth	Corp. SECKETAR ISTATE
<u>ARTICLE II</u>		<u>LOFFICE</u> cipal <u>street</u> address 22 <sup>nd</sup> Court	Mailing address, if different is:
	Miami FL	. 33142	
<u>ARTICLE III</u>	<u>PURPOSE</u>		
The purpose fo	or which the co	orporation is organized is:A	ny and all lawful business and Cleaning Services
		<del></del>	
The number of:		s is: 100 shares  FFICERS AND/OR DIRECTORS	
Name	and Title:)	Erling Elizabeth Moreno President= 100%/100 Shares	Name and Title:
Addre	ess		Address:
	3640 NW 2 Apt 2 Miami FL		
			Name and Title:
ARTICLEU	B.F.O.tOmer n	ED 4 GENT	
ARTICLE VI The name and	REGISTERI	EU AGENT	Florida street address (P.O. Box NOT acceptable) of the
registered			agent is:

agent is:

Name:

Erling Elizabeth Moreno

Ad	dress:	
MU	uress.	

3640 NW 22nd Court

Apt 2

Miami FL 33142

The name and

address of the Incorporator is:

Name:

Erling Elizabeth Moreno

Address:

3640 NW 22<sup>nd</sup> Court

Apt 2

Miami FL 33142

2022 HAY -5 AN 9-21 SECREDADES STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05//2/2022

(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.)

<u>Note:</u> 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

05/02/2022

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 us provided for in s.817.155, F.S.

Erling Elizabeth Moreno

FRING E. MORENOZ

05/02/2022

Required Signature/Incorporator

Date