

F18000003817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

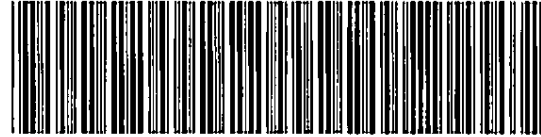
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/12/18--01024--004 **96.25

FILED
18 AUG 16 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ISSUED
AUG 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2018

SOREL DANTES
12209 SW 10TH ST
PEMBROKE PINES, FL 33025

SUBJECT: FS MULTISERVICES
Ref. Number: W18000024327

We have received your document for FS MULTISERVICES and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Please list the complete principal office address.

Please list city, state and zip code.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00013689



REC
18 AUG 16 11:10:33
TALLAHASSEE
FILE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FS MULTISERVICES INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. FLORIDA MA 3. 471541289

(State or country under the law of which it is incorporated)
08/11/2014

(FEI number, if applicable)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
03/03/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
12209 SW 10th ST PEMBROKE PINES FL 33025

7. _____
(Principal office address)
12209 SW 10th ST , PEMBROKE PINES , FL 33025

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

SOREL DANTES

Name: _____

12209 SW 10th ST

Office Address: _____

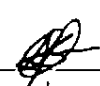
PEMBROKE PINES

33025

_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
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SECRETARY OF STATE
FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

SOREL DANTES

Chairman: _____
12209 SW 10th ST , PEMBROKE PINES , FL 33025
Address: _____

FALINE DANTES SIME

Vice Chairman: _____
12209 SW 10th ST , PEMBROKE PINES , FL 33025
Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SOREL DANTES

President: _____
12209 SW 10th ST , PEMBROKE PINES , FL 33025
Address: _____

FALINE DANTES SIME

Vice President: _____
12209 SW 10th ST , PEMBROKE PINES , FL 33025
Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. SOREL DANTES
(Typed or printed name and capacity of person signing application)

FILED
AUG 16 AM 11:59
SOREL DANTES
12209 SW 10th ST
PEMBROKE PINES, FL 33025



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

May 24, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

FS MULTI SERVICES INC.

is a domestic corporation organized on **August 11, 2014**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth