Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note:	Doing so will generate another cover sheet.	
To		
	Division of Corporations	
	Fax Number : (850)617-6381	
Fr		
	Account Name : BOOKKEEPING DONE RIGHT INC	
	Account Number : I20200000064	
	Phone : (786)566-7026	
	Fax Number : (205)881-1104	
	nnual report mailings. Enter only one email address please.** mail Address:	31
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	FLORIDA PROFIT/NON PROFIT CORPORATION	2021 HAY 24
	FLORIDA FROFITMON FROFIT CORTORATION	1
	Artola M.H. Services LLC	-
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$70.00

To:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: Artola M.H. Services LLC INCIPAL OFFICE Principal street address Mailing address, if different is: 11840 NE 19th Dr Ste 23 North Miami, FL 33181 ARTICLE III PURPOSE The purpose for which the corporation is organized is: any and all lawful businesses. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Artola, Maria Jose Manager Name and Title: Artola, Mario Humberto Manager 11840 NE 19th Dr. Ste 23 _____ Address: 11840 NE 19th Dr. Ste 23 Address North Miami, FL 33181 North Miami, FL 33181 Name and Title: Name and Title: _____ Address: Address Name and Title: Name and Title: Address Address:

To:

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI I	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Artola, Maria Jose	-	
Address:	11840 NE 19th Dr. Ste 23	_	
	North Miami, FL 33181	_	
ARTICLE VII	INÇORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	_Artola, Maria Jose	-	
Address:	11840 NE 19th Dr. Ste 23	_	
	North Miami, FL 33181	-	
Effective date if	EFFECTIVE DATE: other than the date of filing: 05/21/2020 ate is listed, the date must be specific and cannot	. (OPTIONAL) of the more than five days prior or 90 days after the	
Note: If the date the document's c	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
Having been nam certificate, I am f	ned as registered agent to accept service of process ; amiliar with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity	
Maria	Required Signature/Registered Agent	05/21/2020 Date	
I submit this doc document to the i		true. I am aware that the false information submitted in a system of the	
Maria J Required Signatur	re/Incorporator	05/21/2020 Date	