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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: ZION EXECUTIVE MULTI-SERVICES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED MERCEDES S. BRITO Name (Printed or typed) 9445 SW 40TH STREET STE 104 Address MIAMI, FLORIDA 33165 City, State & Zip 305-300-2897 9445 SWL497th STREETH OF THOMPSE MBrito@zelcfl.com

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

E-mail address: (to be used for future annual report notification)



## ARTICLES OF INCORPORATION

	In compliance with Chapt	er 617, F.S., (No	t for Profit)			
ARTICLE I The name of the corp	VAME ZION EXECUTIVE MU coration shall be:	JLTI-SERVIC	CES, INC.			
ARTICLE II	PRINCIPAL OFFICE					
	Principal street address		M	failing addre	ss, if different	t is:
	9445 SW 40TH STREET STE 104	<del></del>			STREET A	
	MIAMI, FLORIDA 33165	_				
ARTICLE III	PURPOSE					
The numose for whi	ch the corporation is organized is:					
Any legal purpose inclu corporation shall assist qualify include, but are modification, in house n	ding, but not limited to, the provision of lean modification. Borrowers in obtaining any type of modification so long not limited to, the Making Home Affordable Program - nodifications offered by lending institutions to borrower if these services the corporation shall apply and obtain	g as they qualify.   T HAMP PROGRAM, is that don't qualify f	he types of mod principal reducti or federal funda-	lifications offer on modification d programs, et	red for which Bo n, unemployme to: Furthermore	OITOWERS CAR
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<ul> <li>present at said annual (</li> </ul>	INITIAL OFFICERS AND/OR DIRECTO	RS	,	·		
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	the communication and there is a "The last of the last	<del>.</del> .	=- ,			٠.
ARTICLE VI R	EGISTERED AGENT					
Ine name and Florid	la street address (P.O. Box NOT acceptable) o	f the registered ag	ent is:	77	$\simeq \pm$	
Address:	FLORIN LAW P.A. 717 PONCE DE LEON BLVD SUITE	<del>-</del>			EC -	
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ARTICLE VII I	NCORPORATOR			311.	C) 11	नी
The name and addre	se of the Incorporator is:	अनेतिन व्यक्त संदर्भिता ह	នៃ មាន ១២៤៤ និ	15 11 1 TEN	🏋 📆 🕏	<del></del>
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Address:	16542 SW 64TH TERRACE	<b>-</b>	•	FLORIDA		•
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		I Addition		 		
carificate I C	as egistered agent to accept service of proce	ss for the above	statea corpoi	ration at the	: place design	nated in this
reithi <del>cinel</del> I aw Jawa	liar with and accept the appointment as register	rea agent and agr	ee to act in th	is capacity		
Mark and Vale	Land the second	Norw Backs	32	00.45.44	1	
//-:-	A A			06-15-11	" <u>-</u>	<del></del>
//	Required Signature of Registered Agent				Date	-

I submit this document and aftern that the facts nated herein are true. I am aware that any fulse information submitted in a document to the thenartment of State constitutes a titled degree felony as provided for in 2.817.155, F.S. 06-15-11 Date

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