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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Inter American Multi Services Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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01 SEP 19 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 17, 2001

EXPRESS CORPORATE FILING

CORAL GABLES, FL 33134

SUBJECT: INTERAMERICAN MULTISERVICES CORP.  
Ref. Number: W01000021477

We have received your document for INTERAMERICAN MULTISERVICES CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 301A00051865

RECEIVED  
SEP 19 10 00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**Of**  
**InterCoastal MULTISERVICES CORP.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Delaware, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I**  
**CORPORATE NAME**

The name of this corporation shall be:

**InterCoastal MULTISERVICES CORP.**

**ARTICLE II**  
**INITIAL PRINCIPAL OFFICE**

The mailing address of the corporation's initial principal office is:

1410 West Flagler Street  
Miami, Florida 33135

**ARTICLE III**  
**PURPOSE**

The purpose of the corporation is to engage in any lawful activity permitted by the laws of Dade County, State of Florida or any other State in the Nation as well as any foreign country.

**ARTICLE IV**  
**.SHARES**

The total number of shares which the corporation shall have authority to issue is 100 shares having a value of \$ 50.00 each.

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**ARTICLE V  
DIRECTORS**

The names and residence addresses of the persons constituting the initial board of directors are:

Gustavo A. Ruiz  
915 NW 1 Ave, Apt H2408  
Miami, Florida 33136

resident / Vice-President  
treasurer/ Secretary

**ARTICLE VI  
REGISTERED OFFICE AND AGENT**

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

Gustavo A. Ruiz  
1410 West Flagler Street  
Miami, Florida 33135

**ARTICLE VII  
INCORPORATOR**

The name and address of the incorporator is:

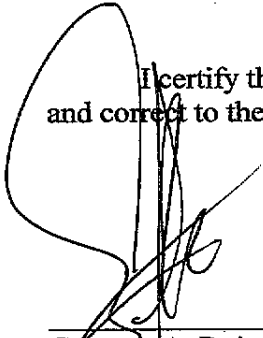
Gustavo A. Ruiz  
915 NW 1 Ave, Apt H2408  
Miami, Florida 33135

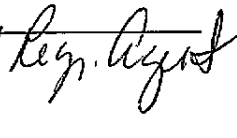
Having been named as registered agent to accept of process of the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Prepared by: Gaspara Miranda  
5450 SW 88<sup>th</sup> Place  
Miami, Florida 33155

**Certification**

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Gustayo A. Ruiz, Incorporator  
915 NW 1<sup>st</sup> Avenue, Apt H2408  
Miami, Florida 33135



State of Florida, County of Dade, ss:

Subscribed and sworn to (or affirmed) before me this 12<sup>th</sup> day of September 2001.

\_\_\_\_\_  
Gaspara D. Miranda  
State of Florida – Notary Public

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