

P04000068991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

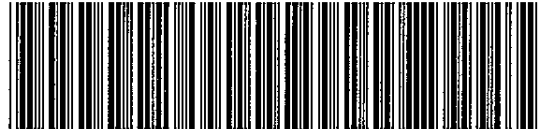
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/04 -01043--022 **393.75

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2004 APR 27 A 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 APR 27 AM 11:47

DEPT. OF REVENUE
DIVISION OF STATE
TAXATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. All Florida Multiple 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

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALL FLORIDA MULTIPLE SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1700 NW 15 STREET
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BARBARA ESQUIJAROSA (P/D)
1700 NW 15 STREET
MIAMI, FL 33125

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BARBARA ESQUIJAROSA
1700 NW 15 STREET
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA ESQUIJAROSA
1700 NW 15 STREET
MIAMI, FL 33125

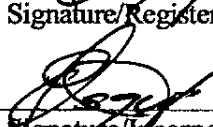
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04-26-2004

Date



Signature/Incorporator

04-26-2004

Date

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TALLAHASSEE, FLORIDA