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(Red	questor's Name)	
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Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

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

\$70.00

Filing Fee

SUBJECT: COS MOPOLITAN MULTI SORVICOS, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$78.75

Status

Filing Fee &

Certificate of

ADDITIONAL COPY REQUIRED
FROM: MARCE L TRAN CHARLES Name (Printed or typed)
440 Semi Nole DR
LANTANA, FL 33462
(407) 729-4607 Daytime Telephone number

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

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:
COSMOPOLITAN MULTI SERVICES, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
Po Box 421207, Kissimmer, Fl 34742
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
To do Business Int
ARTICLE IV SHARES The number of shares of stock is:
one hundred, (100)
List name(s), address(es) and specific title(s):
1- MARCEL JEAN CHARLES -> 440 SEMINOLE DR LANTANA Fl 3346
2 - MARIEM, CANTAUR-> 1206 BRACK SE KISSIMMER PR 34721
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
MARIE M. CANTAVE _> 1206 BRACK SE KISSIMMER FL347
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
MARCEL JEAN CHALES -> 440 SEMINOLE DE LANTAN FL 3346E

Hauf Hatae D6-03-04 Signature/Registered Agent Date
My ref fear Chr. S. Date Date