

P07000028229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

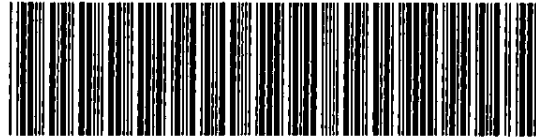
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: ROSE'S Multi-SERVICES INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: FARA ROSE SIFFORT  
Name (Printed or typed)

1300 N.W. 63 ST  
Address

Tamarae FL 33321  
City, State & Zip

754 245-6280  
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:

Rose's Multi Services Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

47 Canterbury Lane  
Tamarac FL 33319

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NOTARY Public, Bookkeeping,  
TAX services, Retails, etc

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

FARA ROSE SIFFORT  
47 Canterbury Lane  
Tamarac FL 33319

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Fara Rose Siffort  
47 Canterbury Lane  
Tamarac FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Rose's Multi Services Inc  
47 Canterbury Lane  
Tamarac FL 33319

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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

FRS  
Signature/Registered Agent

2/27/09  
Date

FRS  
Signature/Incorporator

2/27/09  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA