

PO8000061095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

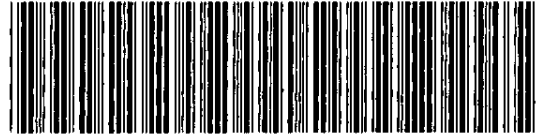
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT:** NEW VISION 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:** NEW VISION MULTI SERVICES, INC

Name (Printed or typed)

14759 N. MIAMI AVE.

Address

MIAMI, FL 33168

City, State & Zip

305-756-8448

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:

NEW VISION MULTI SERVICES, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

14759 N. MIAMI AVE  
MIAMI, FL 33168

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND LAWFULL BUSINESS

### **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):

ANDREE C SALOMON  
401 NW 179TH ST  
MIAMI GARDENS, FL 33169  
ADELSON PLAISIR  
14757 N. MIAMI AVE  
MIAMI, FL 33168

### **ARTICLE VI REGISTERED AGENT**

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

ANDREE C SALOMON  
401 NW 179TH ST  
MIAMI GARDENS, FL 33169

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANDREE C SALOMON  
401 NW 179TH ST  
MIAMI GARDENS, FL 33169

\*\*\*\*\*

*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*

06/19/2008

Date

06/19/2008

Date

Signature/Registered Agent

Signature/Incorporator

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00 JUN 23 PM 2:49  
TREASURY CLERK  
MIAMI GARDENS, FL 33169