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COVER LETTER.

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

SUBJECT: GPS	MULTISERVICES INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles 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
		ADDITIONAL CO	Status PV REQUIRED
		ADDITIONAL CO	
FROM:	PAULA JIMENEZ		
_	Nam	e (Printed or typed)	
40	931 FELLS COVE AVENUE		
		Address	
K	SSIMMEE FL 34744		
	City	, State & Zip	
32	11-443-2156		
_	Daytime 1	Telephone number	
.111	MENEZ4577@HOTMAIL.COM		
	_	d for future annual report	notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: Hiservices INC.
The principal street address and mailing address, if different is: 4931 Fells Cove Ave, KISSIMMEE FC 34744 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Property Management / Income Tax Preparation ARTICLE IV SHARES The number of shares of stock is: 200 /.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Paula Jimenez - MGMR 4931 Fells cove Aue. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent-is: Abel Jimenez 4931 Fells cove Aue. Kissimmee FL 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Paula Jimene 3 4931 Fells Cove Ave. ***********************************
Signature/Registered Agent Paula Min No 1/19/2010 Signature/Incorporator Date