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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MOJICA MULTISERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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March 2, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MOJICA MULTISERVICES CORP
REF: W11000011940

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide an address for the incorporator.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: E11000054666
Letter Number: 911A00005146

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H11000054666**ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: **MOJICA MULTISERVICES CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address
9320 SW 164TH ST
MIAMI, FL 33157

Mailing address, if different is:

9320 SW 164TH ST
MIAMI, FL 33157**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**Name and Title: **EDDY OMAR MOJICA-P**
Address: **9320 SW 164TH ST**
MIAMI, FL 33157Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____**ARTICLE VI REGISTERED AGENT**

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

Name: **EDDY OMAR MOJICA**
Address: **9320 SW 164TH ST**
MIAMI, FL 33157**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **EDDY OMAR MOJICA**
Address: **9320 SW 164 STREET**
MIAMI FL 33157

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

X 
Required Signature/Registered Agent**02/28/2011**
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 
Required Signature/Incorporator**02/28/2011**
Date**H11000054666**FILED
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TALLAHASSEE, FLORIDA