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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 26 PM 2:18

Ps 8/29/11

## COVER LETTER

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

SUBJECT: ANDES MULTISERVICES 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: Ivan Ruiz  
Name (Printed or typed)  
1373 NW 94 way  
Address  
Coral Springs, FL - 33071  
City, State & Zip  
954-588 5092 / 954-6078930  
Daytime Telephone number  
ivanruiz007@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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)

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**ARTICLE I NAME**

The name of the corporation shall be: Andes Multiservices Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1373 NW 94 way  
Coral Springs - FL 33071

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- Cleaning Services
- Shipping
- Export & Import
- Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is: The corporation has authority to issue 100 shares at \$10.00 per value per share. (Ivan Ruiz 50%, Blanca Anchucaya 50%)

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

Name and Title: <u>Ivan Ruiz / Director</u>	Name and Title: _____
Address: <u>1373 NW 94 way</u>	Address: _____
<u>Coral Springs FL - 33071</u>	_____

Name and Title: <u>Blanca Anchucaya / Director</u>	Name and Title: _____
Address: <u>1373 NW 94 way</u>	Address: _____
<u>Coral Springs FL 33071</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Ivan Ruiz  
Address: 1373 NW 94 way  
Coral Springs FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ivan Ruiz  
Address: 1373 NW 94 way  
Coral Springs FL 33071

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

\_\_\_\_\_  
Required Signature/Registered Agent

08/17/2011  
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.

\_\_\_\_\_  
Required Signature/Incorporator

08/17/2011  
Date