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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 10 2012

W11-64440
691

COVER LETTER

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

SUBJECT: My Multi Service 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: Marlene Francois

Name (Printed or typed)

4711 N.W. 5th Avenue

Address

Miami, Florida 33127

City, State & Zip

786-383-6975

Daytime Telephone number

mymulti2011@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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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: My Multi Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4711 N.W. 5th Avenue
Miami, Florida 33127

Mailing address, if different is:

P.O. BOX 371756
MIAMI, FLORIDA 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EVENT PLANNING , TAX PREPERATION, NOTARY SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARLENE FRANCOIS (p)
Address: 4711 NW 5TH AVE
MIAMI, FLORIDA 33127

Name and Title: _____
Address: _____

Name and Title: Yvenel Laurent (vp)
Address: 320 N.W. 84 st
Miami, Florida 33150

Name and Title: _____
Address: _____

Name and Title: Mita Thelisma (Sec.)
Address: 22 Northeast 58 st
Miami, Florida 33137

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: Marlene Francois
Address: 4711 N.W. 5th ave
Miami, Florida 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Francois
Address: 4711 N.W. 5th avenue
Miami, Florida 33127

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

m. francois

Required Signature/Registered Agent

1/4/2012

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.

m. francois

Required Signature/Incorporator

1/4/2012

Date

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