P1300013917

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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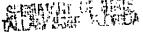
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SECRETARY JE STATE
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2013

CLAUDIN JASMIN 1941 N DIXIE HWY SUITE 6 POMPANO BEACH, FL 33060

SUBJECT: PUI DI MULTI SERVICES

Ref. Number: W13000007348

We have received your document for PUI DI MULTI SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 413A00002927

COVER LETTER

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

_{SUBJECT:} Pui	Di Multi Service	s, Inc.	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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	PY REQUIRED
FROM: C	laudin Jasmin	e (Printed or typed)	
19	941 N Dixie High	way Suite 6	
		Address	
Po	ompano Beach,)
	City	, State & Zip	

(954)7091793 fax:(954)306-1766

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

Daytime Telephone number

claudinjasmin@yahoo.com

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

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



ARTICLE I NAM	E Dui Di Multi Sondo	oc inc	TOTAL OF GIMPINGALI		
The name of the corporat	<u>E</u> ion shall be: Pui Di Multi Servic	es iiic.	13 FEB 14 PM 12: 2		
ARTICLE II PRI	NCIPAL OFFICE				
10/1 N Divia I	Principal street address		Mailing address, if different is:		
	Highway Suite 6	1941N Dixie Highway Suite 6			
Pompano Béa	ich, Florida 33060	Pomp	ano Beach, Florida 33060		
	POSE ne corporation is organized is:to help	the comm	nunity with expertise		
and professiona	services; immigration service	s, income ta	ax services, Phone Services,		
PC Maintenan	ce Software, All legal Ser	vices Pane	ers Ftc		
Name and Title	<i>TAL OFFICERS AND/OR DIRECTOR</i> Claudin Jasmin(CEO)	Name and Title			
ARTICLE V INIT	Claudin Jasmin(CEO) 1941 N Dixie Highway Suite 6	_	1941 N Dixie Highway Suite 6		
ARTICLE V INIT Name and Title Address	<i>TAL OFFICERS AND/OR DIRECTOR</i> Claudin Jasmin(CEO)	Name and Title Address:	1941 N Dixie Highway Suite 6 Pompano Beach, Florida 33060		
ARTICLE V INIT Name and Title Address	Claudin Jasmin(CEO) 1941 N Dixie Highway Suite 6 Pompano Beach, Florida 33060	Name and Title Address: Name and Title	1941 N Dixie Highway Suite 6 Pompano Beach, Florida 33060		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and	1 Little:	Name and Title:_	13 FEB 14 PH 12: 25
Address		Address: _	
		- -	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agen	nt is:
Name:	Claudin Jasmin		
Address:	6226 Wauconda Way West		
	Lake Worth, Florida 33463		
ARTICLE VII	INCORPORATOR		
rne <u>name and ad</u>	dress of the Incorporator is:		
Name:	Claudin Jasmin		
Address:	1941 N Dixie Highway Suite 6		
	Pompano Beach, Florida 33060		
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as regi	for the above state istered agent and a	ed corporation at the place designated in agree to act in this capacity \[\begin{align*} \leftrightarrow \le
	Required Signature/Registered Agent		/ Date
I submit this docu	iment and affirm that the facts stated herein are t	rue. I am aware ti	hat the false information submitted in a
document to the D	epartment of State constitutes a third degree felony	as provided for in	(s.817.155, F.S.
	della	י	2/11/90/3
	Required Signature/Incorporator		Date