

PI40000011877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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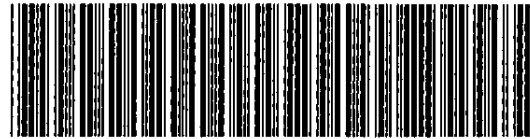
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ATLANTA, FLORIDA

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## COVER LETTER

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

SUBJECT: **ELITE MULTISERVICES GROUP, CORP**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Maria Alejandra Izquierdo Rojas**

Name (Printed or typed)

**13191 Sapphire Falls Ln**

Address

**Orlando, FL 32824**

City, State & Zip

**4077445457**

Daytime Telephone number

**maryale17@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: ELITE MULTISERVICES GROUP CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13191 SAPPHIRE FALLS LN

ORLANDO, FL 32824

**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: 20000

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

Name and Title: MARIBEL RAMIREZ (PRESIDENT)

Name and Title: MARIA ALEJANDRA IZQUIERDO (PRESIDENT)

Address 5925 BENT PINE DRIVE

Address: 13191 SAPPHIRE FALLS LN

APTO #622

ORLANDO, FL 32824

ORLANDO, FL 32822

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: MARIBEL RAMIREZ  
Address: 5925 BENT PINE DRIVE  
APTO #622, ORLANDO FL 32822

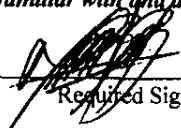
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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIBEL RAMIREZ  
Address: 5925 BENT PINE DRIVE  
APTO #622, ORLANDO FL 32822

*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

01/29/14  
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

01/29/14  
Date