

MAY/08/2014/THU 12:23 PM

FAX No.

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140001105143ABCR

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MULTIFORMS & SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
14 MAY -8 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY/08/2014/THU 12:23 PM

FAX No.

P. 002/003

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: **MULTIFORMS & SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10460 SW 42 TER

MIAMI, FL 33165

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: **SHARES: 100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **EDUARDO ARAUJO (P/S/D)**

Name and Title:

Address

10460 SW 42 TER

Address:

MIAMI, FL 33165

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
CLERK OF STATE
MAY 14 2014
14 MAY -8 PM 12:14

MAY/08/2014/THU 12:23 PM

FAX No.

P. 003/003

(conf.)

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: EDUARDO ARAUJO
Address: 10460 SW 42 TER
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDUARDO ARAUJO
Address: 10460 SW 42 TER
MIAMI, FL 33165

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

05-07-2014

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

05-07-14

Date

MAY/08/2014/THU 12:22 PM

FAX No.

P. 002/003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -8 PM 12:14

ARTICLES OF INCORPORATION

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

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MULTIFORMS & SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

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MIAMI, FL 33165

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **EDUARDO ARAUJO (P/S/D)**

Name and Title: _____

Address

10460 SW 42 TER

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

MAY/08/2014/THU 12:22 PM

FAX No.

P. 003/003

(conti.)

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

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Address: 10460 SW 42 TER
MIAMI, FL 33165

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05-07-14

Date