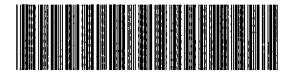
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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
ALLARISSEF FLORIDA

-X 06/05/14

COVER LETTER

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

SUBJECT: 5	HMTDT M	ULTI-SE E NAME - MUST INCLI	RVICES, INC	:
Enclosed are an origi	nal and one (1) copy of the artic	cles 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 CO	PY REQUIRED	
FROM:	Soyangel So	(Printed or typed)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	MN 629	ST Apt.	310	
Miani, Fl 33125 City, State & Zip				
	>	·		

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

Miami, Florida May 13, 2014

SCHMIDT-MULTI SERVICES, INC Sorangel Schmidt 1629 NW 14 ST APT 310 Miami, Florida 33125

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

I, Sorangel Schmidt, owner and President of SCHMIDT MULTI-SERVICES, INC, request to your Department make a dissolution of SCHMIDT MULTI-SERVICES, INC Non-profit Corporation. Then to create a new Profit Corporation with the same name SCHMIDT MULTI-SERVICES, INC and the same articles of the dissolved Non- profit Corporation.

The only reason is of this dissolution is to change from No-Profit for Profit Corporation, keeping the same name SCHMIDT MULTI-SERVICES, INC, and the same owner and president; Sorangel Schmidt.

Appreciating your help;

Sorangel Schmidt
Owner/ President

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

The name of the corporation shall be:	ST MULTI-SERVICES, IN
Principal office Principal street address 13 NW 19 AVE Miami, FL 33125	Mailing address, if different is: 1629 NW 145T Apt. 310 Hiami, FL 33125
The purpose for which the corporation is organized is: Company is to prove to the community of example of these sort to fulfill immigration applications, thank	ne purpose of this vide various services f little Havava. Que ervices is notarizations, on forms, low income authorizations, etc.
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: Soyonge School Address 1629 NW 145T Apt. 310	TORS Widteme and Title: Sident Address:
Address 1629 NW 143	Luminatile: Vice President ST Address: Apt-310 3125
Name and Title:Address	Name and Title: Address: Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	m (11.) Cit (1)
The name and Florida street address (P.O. Box NOT	
Name: Sorangel	Schwidt
Address: 1629 NBI	14 ST Apt. 310 33125
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Sorangel 5	<u>Schwidt</u>
Address: 1629 NW 1	45T Apt. 310
Miani, Fl	_ 33125
	rvice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Required Signature/Register	pred Agent Date
, , ,	ted herein are true. I am aware that the false information submitted in a
Required Signature/Incom	<u>OS 13 2014</u>

FILED

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SECRETARY OF STATE
TALL AUXCESE FLORIDA