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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OLIVERA'S MULTISERVICES CORP**

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

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10 #3023700 Page 3 of 7

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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: **OLIVERA'S MULTISERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: **1550 NW 67TH ST**
MIAMI, FL 33147

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **YROEL OLIVERA-P**

Address: **1550 NW 67TH ST**
MIAMI, FL 33147

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: **YROEL OLIVERA**

Address: **1550 NW 67TH ST**
MIAMI, FL 33147

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ARTICLE VII INCORPORATOR

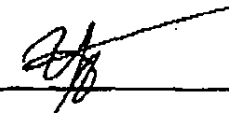
The name and address of the Incorporator is:

Name: YROEL OLIVERA

Address: 1550 NW 67TH ST

MIAMI, FL 33147

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

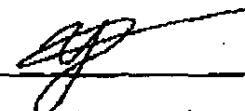
X 

Required Signature/Registered Agent

7-29-14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 

Required Signature/Incorporator

7-29-14

Date

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