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# FLORIDA PROFIT/NON PROFIT CORPORATION BELLE GLADE MULTI SERVICE INC.

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## ARTICLES OF INCORPORATION

OF.

#### BELLE GLADE MULTI SERVICE INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

### **ARTICLE I**

The name of the Corporation Is:

## BELLE GLADE MULTI SERVICE INC.

### ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

## ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN.

THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00);

#### ARTICLE IV

The period of duration of the Corporation is perpetual.

## **ARTICLE V**

The amount of capital with which the Corporation shall begin business is not less that SIX HUNDRED DOLLARS (\$600.00).

#### ARTICLE VI

The address of the initial principal office of the Corporation is

529 S.W. Avenue C Place, Belle Glade, Florida, 33430

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# ARTICLE VII

The number of directors constituing the initial Board of Directors of the Corporation are:

**SANDY A. OLIVARES** 

529 S.W. Avenue C Place Belle Glade, Florida, 33430

#### **ARTICLE VIII**

The name and address of the initial subscriber and Registered Agent of the Corporation is:

SANDY A, OLIVARES

529 S.W. Avenue C Place, Belle Glade, Florida, 33430

#### ARTICLE IX

The following persons shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:

SANDY A. OLIVARES

President and Director

#### ARTICLE X

Shareholders shall not be entitled to preemptive rights.

IN WITNESS WHEREOF, I the undersigned, have made, subscribed and acknowledged this Article of incorporation, this 17th, day of November, 2014

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisiions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as Registered Agent.

Sandy A. Oivares , Subscriber and Registered Agent

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# STATE OF FLORIDA COUNTY OF MIAMI DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgements, personally appeared SANDY A. OLIVARES

Subscriber and Registered Agent to me known to be the person described in or who (have)

(has) produced a Florida Drivers License as identification and who executed the foregoing document and he acknowledged before me that he executed the same.

WITNESS MY HAND and official seal in the County and State aforesaid this 17th day of November, 2014

My commission expires:

JULIAN J. HERMANDEZ MY COMMISSION # EE 651414 EXPIRES: June 16, 2017 Boddef Tary Nobey Public Understans Notary Public, State of Florida

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