

P15000098253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279407562

15 DEC -3 PM 1:59
12/03/15--01012--014 *78.75

MD 12/10

COVER LETTER

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

SUBJECT: BACKOFFICE SERVICES, INC

(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: SION ABENHEIM

Name (Printed or typed)

4747 COLLINS AVENUE APT 906

Address

MIAMI BEACH, FL 33140

City, State & Zip

7864477779

Daytime Telephone number

dorisgarzon1964@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: BACKOFFICE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4747 COLLINS AVENUE APT 906

MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Controlling, bookkeeping, cash flow, consulting administrative
consulting finance, payroll services and open company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SION ABENHEIM -President

Name and Title: DORIS GARZON - Manager

Address 4747 COLLINS AVENUE

Address: 4747 COLLINS AVENUE

APT 906

APT 906

MIAMI BEACH, FL 33140

MIAMI BEACH, FL 33140

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: DORIS GARZON

Address: 4747 COLLINS AVENUE APT 906

MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

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

Name: SION ABENHEIM

Address: 4747 COLLINS AVENUE APT 906

MIAMI BEACH, FL 33140

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

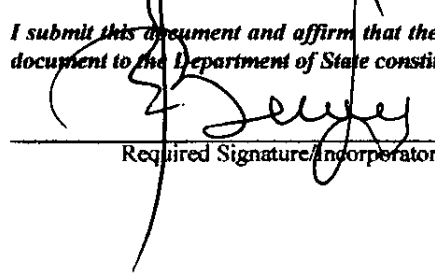


Required Signature/Registered Agent

Dec 1, 2015

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

Dec 1 / 2015

Date