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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ULLOAS MULTISERVICES 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 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 COPY REQUIRED

FROM: LUIS A ULLOA-GUIFARRO
Name (Printed or typed)
44 SLOVER AVE
Address
ORLANDO FL 32807
City, State & Zip
407-712-0942
Daytime Telephone number
ULLOASMULTISERVICESINC@GMAIL.COM /
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

June 20, 2016

Florida Department of State
Division of Corporations
Amendment Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Re: Ulloa's Multiservices, Inc
44 Slover Ave
Orlando FL, 32807

To Whom It May Concern:

This letter is to inform you that there was an error when the open articles of incorporation was reported on the Non profit form for Ulloa's Multiservices, Inc. Please do the dissolution of corporation N1600001782. I like to have the same name for the new corporation that will be a for Profit company. I have enclosed the corrected form FOR A PROFIT CORPORATION. Please take note of these changes and feel free to contact me if you have any questions.

Thank you

Luis Ulloa
Luis A Ulloa-Guifarro
407-712-0942

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: ULLOAS MULTISERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

44 SLOVER AVE ORLANDO FL 32807

44 SLOVER AVE ORLANDO FL 32807

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS A ULLOA-GUIFARRO (P)

Name and Title: _____

Address 44 SLOVER AVE ORLANDO FL 32807

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: LUIS A ULLOA-GUIFARRO
 Address: 44 SLOVER AVE ORLANDO FL 32807

ARTICLE VII INCORPORATOR

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

Name: LUIS A ULLOA-GUIFARRO
 Address: 44 SLOVER AVE ORLANDO FL 32807

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/20/2016 (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

Luis Ulloa _____ 06/20/2016 _____
 Required Signature/Registered Agent 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.

Luis Ulloa _____ 6/20/16 _____
 Required Signature/Incorporator Date