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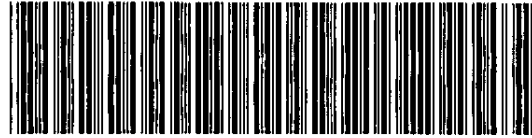
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2016 OCT -3 AM 8:04
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: IMI ETERNITY TAX AND MULTI 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: Mirelle Darbouze
Name (Printed or typed)

10286 NW 15th AVE
Address

Miami FL 33150
City, State & Zip

7863123597
Daytime Telephone number

mimi10286@yahoo.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: INI ETERNITY TAX AND MULTI SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15044 NE 6AVE
MIAMI FL 33161

10286 NW 1ST AVE
MIAMI SHORES FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL lawful BUSINESS.

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SECRETARY OF STATE
TALLAHASSEE FL 32301

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MGRM Mirielle Dabouze Name and Title: MGRM IVOISE AUBRUN

Address 10286 NW 1ST AVE
MIAMI FL 33150

Address: 10286 NW 1ST AVE
MIAMI FL 33150

Name and Title: MGRM Irlande Aubrun Name and Title: _____

Address 10286 NW 1ST AVE
MIAMI FL 33150

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: Mirielle Darbouze
Address: 15044 NE 6 AVE
Miami FL 33161

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Mirielle Darbouze
Address: 15044 NE 6 AVE
Miami FL 33161


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/20/2016 (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

 09/20/16
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.

 09/20/16
Required Signature/Incorporator Date