

P/7000049759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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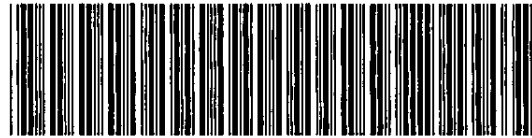
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W17-017204

06/08/17

850-245-6804



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

OSNIEL MORENO
13411 S.W. 261 LN.
HOMESTEAD, FL 33032

SUBJECT: MORENO MULTI SERVICES, INC.
Ref. Number: W17000017204

We have received your document for MORENO MULTI SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00003852

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

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

SUBJECT: MORENO 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: OSNIEL MORENO
Name (Printed or typed)

13411 SW 261 LANE
Address

HOMESTEAD, FL 33032
City, State & Zip

786-217-5414
Daytime Telephone number

MCDANAELIZABETH@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 MORENO MULTI SERVICES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

OSNIEL MORENO

13411 SW 261st LANE

MIAMI FL 33032

Mailing address, if different is: _____

ARTICLE III PURPOSE MULTI SERVICES REPAIR
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: _____

100 shares of \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSNIEL MOREMO / PRESIDENT

Address 13411 SW 261ST LANE

MIAMI, FL. 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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JUN - 7 AM 8:42
CLERK OF DISTRICT COURT
MIAMI, 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: OSNIEL MORENO
Address: 13411 SW 261 ST LANE
MIAMI FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Osniel Moreno (President)

Address:

13411 SW 261ST Lane
Miami FL 33032

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 days prior or 90 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

02/25/2017
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

02/25/2017
Date

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17 JUN - 7 AM 8:42
CLERK OF STATE
TALLAHASSEE, FLORIDA