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STATE
OFFICE OF
FLORIDA

08/09/17

COVER LETTER

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

SUBJECT: ACANDA MULTISERVICES CORP
(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
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JOSE A ACANDA LAZO
Name (Printed or typed)

5750 NW 11TH STREET

Address

MIAMI, FL. 33012

City, State & Zip

786-304-0611

Daytime Telephone number

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: ACANDA MULTISERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5750 NW 111TH STREET

MIAMI, FL. 33012

Mailing address, if different is:

5750 NW 111TH STREET

MIAMI, FL. 33012

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE A ACANDA LAZO-P

Address: 5750 NW 111TH STREET

MIAMI, FL. 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF 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: JOSE A ACANDA LAZO

Address: 5750 NW 111TH STREET

MIAMI, FL. 33012

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FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JOSE A ACANDA LAZO

Address: 5750 NW 111TH STREET

MIAMI, FL. 33012

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

X _____
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.

X _____
Required Signature/Incorporator

Date