

10/17/2017

P17000083675

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000273604 3)))



H170002736043ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FLORIDA MULTISERVICES, INC.
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLMultiservices@yahoo.com

RECEIVED

17 OCT 17 PM 4:27

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA PREFERRED CEILINGS, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2011 OCT 17 AM 11:00

FL 000

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: MANUEL RAMOS

(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: MANUEL RAMOS

Name (Printed or typed)

18830 NW 22 STREET

Address

PEMBROKE PINES, FL 33029

City, State & Zip

(786)209-7910

Daytime Telephone number

flmultiservices@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 FLORIDA PREFERRED CEILINGS, CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
18830 NW 22 STREET, PEMBROKE PINES, FL 33029 _____

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES TWO HUNDRED SHARES NO PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MANUEL RAMOS, P	Name and Title:	_____
Address	18830 NW 22 STREET	Address:	_____
	PEMBROKE PINES, FL 33029		_____
	_____		_____
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: MANUEL RAMOS
Address: 18830 NW 22 STREET
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL RAMOS
Address: 18830 NW 22 STREET
PEMBROKE PINES, FL 33029

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/16/2017 (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

Manuel Ramos 10/16/2017
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.

Manuel Ramos 10/16/2017
Required Signature/Incorporator Date

H170002736043

P1700000 83675

FLORIDA PREFERRED CEILINGS, CORP.
18830 NW 22 STREET
PEMBROKE PINES, FL 33029
Phone: 786-209-7910

October 16, 2017

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of FLORIDA PREFERRED CEILINGS CORP., Document No. P13000072666 is the same owner of the attached articles of incorporation. I have dissolved the company on October 12, 2017 and have no intent of reopening it.

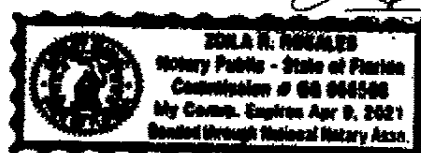
Thank you for your help in this matter,

Sincerely yours,

Manuel Ramos
Manuel Ramos

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, on October 16, 2017, appeared MANUEL RAMOS, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.



Paula R. Morales
PAULA R. MORALES, NOTARY PUBLIC, State of Florida

H17000273604