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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NR MULTISERVICE, INC.

Certificate of Status	0
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N. SAMS
JAN 04 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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: NR MULTISERVICE, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

416 SANTANDER AVE APT: A

CORAL GABLES, FL 33134

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLAS E. RUBIANO VACCA (P)

Name and Title:

Address 416 SANTANDER AVE APT: A

Address:

CORAL GABLES, FL 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ NICOLAS E. RUBIANO VACCA
Address: _____ 416 SANTANDER AVE APT: A
_____ CORAL GABLES, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____ NICOLAS E. RUBIANO VACCA
Address: _____ 416 SANTANDER AVE APT: A
_____ CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA

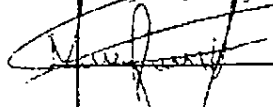
ARTICLE VIII EFFECTIVE DATE:

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

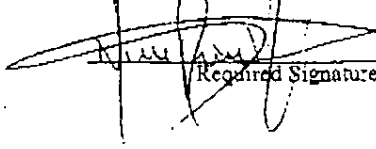


Required Signature/Registered Agent

01/02/2018

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

01/02/2018

Date