

3/18/2018

# PI8000025599

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : FLORIDA MULTISERVICES, INC.  
Account Number : 120150880061  
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: FL Multi services@yahoo.com

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 19 PM 3:11

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2018 MAR 19 AM 8:05

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
POLUX INC

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

N. SAMS

MAR 20 2018

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

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

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 19 PM 3:11

SUBJECT: POLUX, 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: FENELL PINA

Name (Printed or typed)

2208 SW 8th STREET

Address

MIAMI, FL 33135

City, State & Zip

305-631-6666

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.**

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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: POLUX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2208 SW 8 STREET

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FENELL PINA, PDTS

Name and Title: \_\_\_\_\_

Address: 2208 SW 8 STREET

Address: \_\_\_\_\_

MIAMI, FL 33135

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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H18 0000 87 0533

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: FENELL PINA  
Address: 2208 SW 8 STREET  
Miami, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FENELL PINA  
Address: 2208 SW 8 STREET  
MIAMI, FL 33135

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-ED  
DEPARTMENT OF STATE  
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*

[Signature]  
Required Signature/Registered Agent

3/12/2018  
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.*

[Signature]  
Required Signature/Incorporator

3/12/2018  
Date

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POLUX, INC.  
2208 SW 8<sup>th</sup> STREET  
MIAMI, FL 33135  
Phone: 305-631-6666 E-mail: flmultiservices@yahoo.com

March 12, 2018

Department of State

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of POLUX, INC., Document No. P10000045041 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,

  
FENELL PINA  
President

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