

# P18000082401

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.

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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

## FLORIDA PROFIT/NON PROFIT CORPORATION IVAN CARPENTRY, INC.

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

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10/3/18

Electronic Filing Menu

Corporate Filing Menu

Help

18 OCT -2 AM 9:46

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IVAN CARPENTRY, INC.  
15440 SW 102 PLACE  
MIAMI, FL 33157

October 2, 2018

Florida Department of State

Division of Corporations  
Attention: New Filings Section

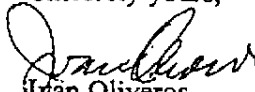
18 OCT -2 AM 9:46  
SECRET  
FALL 1777

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of IVAN CARPENTRY, INC., Document No. P14000087971 is the same owner of the attached articles of incorporation. That corporation is dissolved and we have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,

  
Ivan Oliveros  
President

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## COVER LETTER

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

**SUBJECT:** IVAN CARPENTRY 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  
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:** IVAN OLIVEROS

Name (Printed or typed)

15440 SW 102 PL

Address

MIAMI, FL 33157

City, State & Zip

(305)244-7032

Daytime Telephone number

fmultiservices@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: IVAN CARPENTRY INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15440 SW 102 PL

MIAMI, FL 33157

## 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: 500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IVAN OLIVEROS P

Name and Title:

Address 15440 SW 102 PL

Address:

MIAMI, FL 33157

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 AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: IVAN OLIVEROS  
Address: 15440 SW 102 PL  
MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IVAN OLIVEROS  
Address: 15440 SW 102 PL  
MIAMI, FL 33157

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Sb/11/18  
TALLAHASSEE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/01/2018 (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*

Ivan Oliveros  
Required Signature/Registered Agent

10/01/2018  
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.*

Ivan Oliveros  
Required Signature/Incorporator

10/01/2018  
Date

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