

10/16/18  
P18000841490

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.

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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

2018 OCT 16 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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  
SEBAX, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 17 2018

T. SCOTT

H180002996633

JUAN M GOMEZ  
3401 NORTH COUNTRY CLUB DR APT. 604  
AVENTURA, FL 33180  
Phone: 305-888-8811

October 16, 2018

FLORIDA DEPARTMENT OF STATE

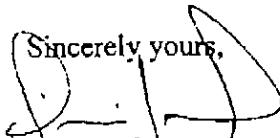
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of SEBAX, INC., Document No. P10000029491 is the same owner of the attached articles of incorporation. The Company has been dissolved on September 22, 2017 and have no intent of reopening it.

Thank you for your help in this matter,

Sincerely yours,



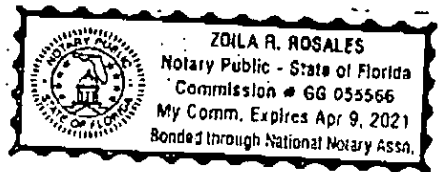
Juan M Gomez

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

BEFORE ME, the undersigned authority, on October 16, 2018, appeared Juan M Gomez, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.



Zoila R Rosales  
Notary Public  
State of Florida



H18000299663

**COVER LETTER**

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

**SUBJECT:** SEBAX, 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:** JUAN M GOMEZ  
Name (Printed or typed)  
3401 NORTH COUNTRY CLUB DR APT. 604  
Address  
AVENTURA, FL 33180  
City, State & Zip  
(305) 888-8811  
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** SEBAX, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
3401 NORTH COUNTRY CLUB DR APT. 604 \_\_\_\_\_  
AVENTURA, FL 33180 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2019 OCT 16 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	JUAN M GOMEZ P	Name and Title:	_____
Address	3401 NORTH COUNTRY CLUB DRIVE APT. 604 AVENTURA, FL 33180	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

118000299663E

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: JUAN M GOMEZ  
Address: 3401 NORTH COUNTRY CLUB DR APT. 604  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

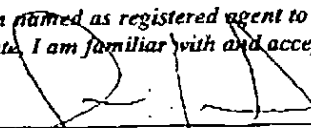
Name: JUAN M GOMEZ  
Address: 3401 NORTH COUNTRY CLUB DR APT. 604  
AVENTURA, FL 33180

**ARTICLE VIII EFFECTIVE DATE:**

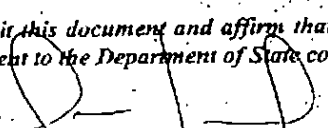
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 10/16/2018  
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 10/16/2018  
Date

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