

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

From: Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305) 480-0269
Fax Number : (305) 480-0518

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

Email Address: POWTEZJOSEL@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MULTISERVICIOS GLOBAL DE VENEZUELA 1982 CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

H190003165013

COVER LETTER

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

SUBJECT: MULTISERVICIOS GLOBAL DE VENEZUELA 1982 CORP

(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: JOSE L PEREZ ZAMORA

Name (Printed or typed)

8185 NW 7 ST UNIT 119

Address

MIAMI, FLORIDA 33126

City, State & Zip

786 261 5068

Daytime Telephone number

PEWREZJOSEL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H190003165013

H19000316501 3

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: MULTISERVICIOS GLOBAL DE VENEZUELA 1982 CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
8185 NW 7 STREET UNIT 119

MIAMI FLORIDA 33126

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMELY K ARREAZA RODRIGUEZ (P)

Address: 8185 NW 7 ST UNIT 119

MIAMI, FL 33126

Name and Title: JOSE L PEREZ ZAMORA (VP)

Address: 8185 NW 7 ST UNIT 119

MIAMI, FL 33126

Name and Title: LEONEL J HIDALGO (T)

Address: 8185 NW 7 ST UNIT 119

MIAMI, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

H19000316501 3

H190003165013

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: JOSE L PEREZ ZAMORA
Address: 8185 NW 7 ST UNIT 119
MIAMI FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS POLANCO
Address: 10154 W FLAGLER ST
MIAMI, FL 33174

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.

Jose Perez
Required Signature/Registered Agent

10/25/19
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.

Doris Polanco
Required Signature/Incorporator

10/25/2019
Date

H190003165013