

P20000002417

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

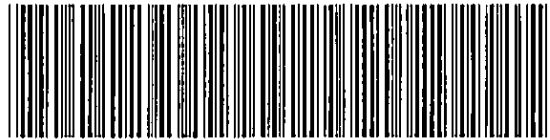
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500339144875

500339144875  
01/13/20--01007--014 \*\*78.75

C RICO  
JAN 13 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 13 PM 2:13  
20 JAN 13 PM 12:23

## COVER LETTER

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

SUBJECT: Excellence Maintenance Service Plus 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      ☒ \$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: Fabio Gaviria  
Name (Printed or typed)

17620 NW 77th Ct  
Address

Hialeah FL 33015  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

Imagine rose365@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**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: Excellence Maintenance Service Plus Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
17620 NW 77th Ct  
Hialeah FL 33015

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Maintenance Services for  
Generators

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Fabio Gavira (P) Name and Title: \_\_\_\_\_

Address 17620 NW 77th Ct Address: \_\_\_\_\_  
Hialeah FL 33015

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 13 PM 1:13

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: Gabriel Gaviria

Address: 17620 NW 77th Ct

Homestead FL 33015

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gabriel Gaviria

Address: 17620 NW 77th Ct

Homestead FL 33015

**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*

Gabriel Gaviria  
Required Signature/Registered Agent

1/11/2020  
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.*

Gabriel Gaviria  
Required Signature/Incorporator

1/11/2020  
Date