

1/22/2020

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→ 18506176381

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic 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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**RESEARCH | ANALYSIS**

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Division of Corporations  
Fax Number : (050) 817-6182

**1. Form:**

Account Name : IMPROVED REVENUE SERVICE INC  
Account Number : 120150000119  
Phone : (706) 532-2900  
Fax Number : (706) 731-1744

Enter the mail address for this business entity to be used for future annual report mailings. Enter only one mail address please."

**Exhibit Address:**

FLORIDA PROFIT/NON PROFIT CORPORATION  
TPA-MIA MULTISERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

## Help

11

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SECONDARY STATE  
TALLAHASSEE, FL

RECEIVED

2020 JAN 28 AM 8:36

INFORMATION:  
FINANCIAL  
SERVICES

4422

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**COVER LETTER**

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

**SUBJECT: TPA-MIA MULTISERVICE 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: HOARI TRUJILLO**

Name (Printed or typed)

**17301 SW 33RD ST**

Address

**MIRAMAR, FL 33029**

City, State & Zip

**305-733-6223**

Daytime Telephone number

**IMPROVEDRESE@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: TPA-MIA MULTISERVICE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
17301 SW 33RD ST  
MIRAMAR, FL 33029

Mailing address, if different is:  
SAME AS PRINCIPAL ADDRESS

**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: 100 AT \$1.00 PAR VALUE

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

Name and Title: HOARI TRUJILLO/ PRESIDENT Name and Title: \_\_\_\_\_

Address 17301 SW 33RD ST Address: \_\_\_\_\_  
MIRAMAR, FL 33029

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

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

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

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

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 2020 JAN 28 AM 11:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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

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

\_\_\_\_\_

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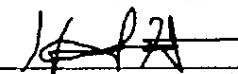
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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: HOARI TRUJILLOAddress: 17301 SW 33RD STMIRAMAR, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: HOARI TRUJILLOAddress: 17301 SW 33RD STMIRAMAR, FL 33029FILED  
2020 JAN 28 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

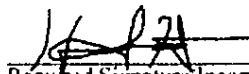
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

1/22/2020

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.*

Required Signature/Incorporator

1/22/2020

Date

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