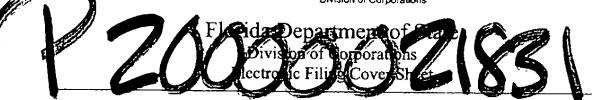
Division of Corporations



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.

(((H20000082121 3)))



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Note: DO	ser from this page.	
··	Doing so will generate another cover sheet.	
To:		ASS
	Division of Corporations	西卡

Fax Number : (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.

Account Number : 120200000043 Phone : (772)879-0010 Fax Number : (772)879-0150

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

Email Address: WFTAXES. MORE COMAIL. COM

## FLORIDA PROFIT/NON PROFIT CORPORATION JM SL MULTISERVICES INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

## **COVER LETTER**

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

SUBJECT: _	JM SL MULTISERVICES INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are ar	original and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.0 Filing F		☐ \$78.75 Filing Fcc & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM	2050 SW Quarry S	(Printed or typed)	
	Port Saint Lucie, FL City,	- F	
	<u> 561 - 388 - 34</u> Daytime To	89	
	ulftaxes more	Damail. com	
	E-mail address: (to be used	for future annual report no	otification)

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

Name and Title:		Name and Title:	
Addre	sss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of		
Name:	Maira Y Erazo-Ramirez	wheregistered agent is.	
Address:	2050 SW Quarry St Port Saint Lude, FL 34953	- -	
	INCORPORATOR  address of the Incorporator is:		
Name:	Walter Gomez	_	
Address:	508 SW Port Saint Lucie Blvd, Port Saint Lucie, Fl 34953	_	
Effective date, i (If an effective filing.)  Note: If the da	if other than the date of filing: 03/11/2020 date is listed, the date must be specific and cann te inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this o	
Having been na certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at th red agent and agree to act in this caj	e place designated in this sacity
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false inj y as provided for in s.&17.155, F.S.	<sup>T</sup> ormation submitted in a
Required Signa	ture/Incorporator	Date —	

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

T.FII PD		
111111111111111111111111111111111111111	UNCIPAL OFFICE	
SM Owner C	Principal street address	Mailing address, if different i
SW Quarry S aint Lucie, Fl	34953	<del></del>
		- <del></del>
a. =		
CLE III PU	<u>RPOSE</u>	
npose for wn	ich the corporation is organized is: _All legal	business
<del></del>		
	TIAL OFFICERS AND/OR DIRECTORS	
	Malan M. Francis	Name and Title:
Name and T	Citle: Maira Y Erazo-Ramirez, President	Name and Title:
	Citle: Maira Y Erazo-Ramirez, President	Name and Title:
Name and T	Citle: Maira Y Erazo-Ramirez, President	* 4.4 mm
Name and T	Pitle: Maira Y Erazo-Ramirez, President 2050 SW QUARRY ST	* 4.4 mm
Name and T	PORT ST LUCIE, FL 34953	* 4.4 mm
Name and T	Pitle: Maira Y Erazo-Ramirez, President 2050 SW QUARRY ST	* 4.4 mm
Name and T	PORT ST LUCIE, FL 34953	Address:
Name and T	PORT ST LUCIE, FL 34953	Address:
Name and T Address	Pitle: Maira Y Erazo-Ramirez, President  2050 SW QUARRY ST  PORT ST LUCIE, FL 34953	Address: Name and Title:
Name and T	PORT ST LUCIE, FL 34953	Address: Name and Title:
Name and T Address	Pitle: Maira Y Erazo-Ramirez, President  2050 SW QUARRY ST  PORT ST LUCIE, FL 34953	Address: Name and Title:
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Name	and Title:	Name and Title:	
Addn			
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Maira Y Erazo-Ramirez	<u>-</u>	Za Za
Address:	2050 SW Quarry St Port Saint Lucie, FL 34953	_	2020 MAR
ARTICLE VII	INCORPORATOR	_	12 A
The name and	address of the Incorporator is:		9.
Name:	Walter Gomez	<del></del>	20 ਹੈੰ
Address:	508 SW Port Saint Lucle Blvd, Port Saint Lucle, Fl 34953	_	
Effective date, i (If an effective filing.)  Note: If the dat	EFFECTIVE DATE: if other than the date of filing: _03/11/2020 date is listed, the date must be specific and cann te inserted in this block does not meet the applicable effective date on the December of Court of the court of the programme of of the	of be more than five days prior	
Having been na	med as registered agent to accept service of process	for the above stated comparation as	the steer destructed in the
cerujicuie, 1 am	summent as registe	red agent and agree to act in this o	capacity
	Maira Eago		3/11/2020
	Required Signature/Registered/Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false in my as provided for in \$.817.155, F.S.	information submitted in a S
Required Signate	Mally Sking		03-11-2020
	a contract of	Date	