

5/26/2020

Division of Corporations

P 20000037804

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.

(((H20000156853 3)))



H200001568533ABC/

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

2020 MAY 26 PM 4:57

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

K PAGE

MAY 27 2020

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

Email Address: mmisLeidys@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
REAL MULTISERVICES GROUP CORP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2020 MAY 26 PM 11:11

FILED

H 200001568533

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: REAL MULTISERVICES GROUP CORPARTICLE II PRINCIPAL OFFICE

Principal street address

8835 SW 21 TERMIAMI FL 33165

Mailing address, if different is:

8835 SW 21 TERMIAMI FL 33165ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ELIANE PINO YANES - PRESIDENTAddress 8835 SW 21 TERMIAMI FL 33165Name and Title: MISLEIDYS MOREIRA - V/PAddress: 8835 SW 21 TERMIAMI FL 33165

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
MAY 26 PM 11:11
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

H 200001568533

H 2000015 68 533

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ELIANE PINO YANESAddress: 8835 SW 21 TER
MIAMI FL 33165ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ELLANE PINO YANESAddress: 8835 SW 21 TER
MIAMI FL 33165ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/22/2020 (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

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

Date

H 2000015 68 533

FILED
MAY 26 PM 11:11
STATE
TALLAHASSEE, FL