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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)503-7123

2020 SEP 23 AM 9:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: kmlmultiservicescorp@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
SIERRA ROOFING SERVICES CORP

Certificate of Status	0
Certified Copy	0
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D. O'KEEFE
SEP 24 2020

COVER LETTER

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

SUBJECT: SIERRA ROOFING SERVICES 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: MARIA R CASTELLANOS
Name (Printed or typed)

6933 NW 6TH CT
Address

MIAMI FL 33150
City, State & Zip

3059055337
Daytime Telephone number

MARIASIERRA69@HOTMAIL.ES
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 NAMEThe name of the corporation shall be: SIERRA ROOFING SERVICES CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6933 NW 6TH CTMIAMI FL 33150ARTICLE III PURPOSEThe purpose for which the corporation is organized is: MULTISERVICES CORPARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MARIA R CASTELLANOSName and Title: PRESIDENTAddress: 6933 NW 6TH CT

Address:

MIAMI FL 33150

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FLORIDA

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: KML MULTISERVICES CORPAddress: 4167 NW 135TH STOPA LOCKA FL 33054**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA R CASTELLANOSAddress: 6933 NW 6TH CTMIAMI FL 33150FILED
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TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/22/2020 (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 Agent09/22/2020_____
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/Incorporator09/22/2020_____
Date