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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
GMC CONSULTING CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON  
OCT 14 2020

J. FASON

OC

2020 OCT 13 AM 9:10

2020 OCT 13 AM 9:12

**COVER LETTER**

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

**SUBJECT:** CMG CONSULTING 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  
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:** GENOVA GARCIA MENDOZA  
Name (Printed or typed)

10850 NW 89TH TER APT 207  
Address

DORAL FL 33178  
City, State & Zip

7865992085  
Daytime Telephone number

genova\_gagm@hotmail.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: CMG CONSULTING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
10850 NW 89TH TER APT 207

Mailing address, if different is:

DORAL FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: GENERAL SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GENOVA GARCIA MENDOZAName and Title: PRESIDENTAddress 10850 NW 89TH TER APT 207

Address:

DORAL FL 33178

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2020 OCT 13 AM 9:10

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: KML MULTISERVICES CORP  
Address: 4167 NW 135TH ST  
OPA LOCKA FL 33054

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

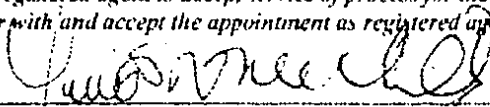
Name: GENOVA GARCIA MENDOZA  
Address: 10850 NW 89TH TER APT 207  
DORAL FL 33178

**ARTICLE VIII EFFECTIVE DATE:**

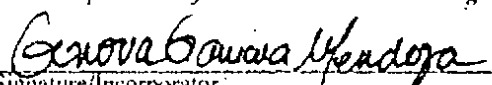
Effective date, if other than the date of filing: 10/13/2020 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 10/12/2020  
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.*

 10/12/2020  
Required Signature/Incorporator Date