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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

\*\*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  
ELITE THINK GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
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2020 NOV -4 AM 8:45

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: ELITE THINK GROUP 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: MARIANO ARAYA  
Name (Printed or typed)

5955 NW 105 TH CT APT 412  
Address

DORAL FLORIDA 33178  
City, State & Zip

7865373109  
Daytime Telephone number

kmultiservicescorp@gmail.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: ELITE THINK GROUP CORP  
CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5955 NW 105TH CT APT 412DORAL FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONSULTING**ARTICLE IV SHARES**The number of shares of stock is: 34 /33/33**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIANO ARAYAName and Title: PRESIDENTAddress 5955 NW 105TH CT APT 412

Address:

DORAL FL 33178Name and Title: VICTOR TAPIA AGUILARName and Title: MGRAddress 4711 SW 43 RD FERR

Address:

FORT LAUDERDALE FL 33314Name and Title: CHRISTOPHER RIELOFFName and Title: MGRAddress 11004 SW 119 ST

Address:

MIAMI FL 33176**#200003748713**

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: MARIANO ARAYA  
Address: 5955 NW 105TH CT APT 412  
DORAL FL 33178

**ARTICLE VIII. EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/23/2020 (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:*

[Signature] 11/03/2020  
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.*

[Signature] 11/03/2020  
Required Signature/Incorporator Date

**420000 9748713**