

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NEW LIFE COMPANY, INC.

Account Number : I20150000122 Phone : (786)218-4201 : (786)452-0986 Fax Number

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

Email Address: opencorp@yahoo.com

# FLORIDA PROFIT/NON PROFIT CORPORATION MULTI SERVICES DPV CORP

Certificate of Status	1
Certified Copy	0
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J. FASON

MAR 1 0 2021

Corporate Filing Menu

# ARTICLES OF INCORPORATION

#### FOR

## MULTI SERVICES DPV CORP

THE UNDERSIGNED, has execute the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

## ARTICLE I

The name of the corporation shall be:

### MULTI SERVICES DPV CORP

## **ARTICLE II**

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

Principal place of business address:

1210 W 35<sup>TH</sup> ST HIALEAH, FL 33012

The mailing address of the corporation is:

1210 W 35<sup>TH</sup> ST HIALEAH, FL 33012

# ARTICLE III

#### PURPOSE:

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

# ARTICLE IV

## SHARES:

In this agreement the party the party shall be The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00 and the share of each shareholder are as follows:

DAMARIS DEL POZO 1210 W 35<sup>TH</sup> ST HIALEAH, FL 33012 100%

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

# ARTICLE V

#### REGISTERED AGENT:

The name and Florida Street address of the registered agent is:

DAMARIS DEL POZO 1210 W 35<sup>TH</sup> ST HIALEAH, FL 33012

## ARTICLE VI

The name and address of the incorporator shall be:

DAMARIS DEL POZO 1210 W 35<sup>Th</sup> ST HIALEAH, FL 33012

# ARTICLE VII .

The initial officer(s) and/or director(s) of the corporation is/are

Title: P

DAMARIS DEL POZO 1210 W 35<sup>TH</sup> ST HIALEAH, FL 33012

# ARTICLE VIII

### **EFFECTIVE DATE:**

IN WITNESS WHERE OF, the undersigned incorporator has we executed these Article of Incorporation this \_\_\_\_03/02/2021\_\_.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

	No.	- 1-1
Signature: _		3/3/2021
_	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:	3/3/2021
Required Signature/Incorporator	Date

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