Division of Corporations

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.

Electronic Filing Cover Sheet

(((H210001281243)))



To:	_					MAR 3
	Division of Co Fax Number				<u>=</u> :[=
	rax numper	: (850)617-6381		•	· ·	A
From:				•	ر ـ ـ ــــــــــــــــــــــــــــــــ	
	Account Name	: EXPRESS CORPORA	TE FILING SERVICE	INC.		Ģ
		: 120000000146			<u> </u>	ŧ_
	Phone	: (305)444-4994		•	- ' '	
	Fax Number	: (305)444-4977				

FLORIDA PROFIT/NON PROFIT CORPORATION MY FAMILY SERVICE INC

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

Electronic Filing Menu

Corporate-Filing Menu

Help



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

	ation shall be: MY FAMILY SER			
DZ1 SW 142 C IAMI, FL 3317	Principal street address	2021 SW 142 C MIAMI, FL 331	Mailing address, if different ix 2021 SW 142 CT. MIAMI, FL 33175	
RTICLE III PURP	the corporation is organized is: ANY			
RTICLE IV SHARES the number of shares of stock is: SHARES: 100 @ \$1.00 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS			,	
RTICLE V INITI	AL OFFICERS AND/OR DIRECTOR	<u>s</u>	oe u	
	te: RUBY FERRER - P 2021 SW 142 CT.	Name and Title:	© V	
Name and Tie	le: RUBY FERRER - P	Name and Title:Address:	© U	
Name and Tie	le: RUBY FERRER - P 2021 SW 142 CT. MIAMI, FL 33175	Name and Title:Address:	E V	
Name and Tie	e: RUBY FERRER - P 2021 SW 142 CT. MIAMI, FL 33175	Name and Title:	E V	
Name and Tite Address Name and Tite Address	le: RUBY FERRER - P 2021 SW 142 CT. MIAMI, FL 33175	Name and Title: Address: Name and Title: Address:	æ y	

Name and Title:		Name and Title:		
Address		Address:		
angral had	ACCICALINED ACCINT			
The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	RUBY FERRER	_ _	2021	
Address:	2021 SW 142 CT.		2021 MAR 3	
	MIAMI, FL 33175		ည်း <u>ထိ</u>	
ARTICLE VII	INCORPORATOR		y 5	
The name and a	ddress of the Incorporator is:		<u>ئ</u> . يو م ر ج	
Name:	RUBY FERRER			
Address:	2021 SW 142 CT.			
	MIAMI, FL 33175			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if (If an effective of filing.)	other than the date of filing:		or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the appeter of State is r	olicable statutory filing requirements, thi	is date will not be listed as	
Having been nar certificate, I am	med as registered agent to accept service of po familiar with and accept the appointment as	vocess for the above stated corporation at registered agent and agree to act in this o	the place designated in this capacity	
			3.29.2021	
	Required Signature/Registered Age	ent	Date	
I submit this do document to the	cument and affirm that the facts stated her Department of State constitutes a third degre	ein are true. I am aware that the false tee felony as pravided for in s.817.155, F.,	information submitted in a S	
	(//		3.29-2021	
Decivined Signat	ne locomorator	Date		