

05/11/2009 09:21 954526325 GONZALEZ AND PAGE 01
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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

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

Email Address: ERIVAS@AMEFINANCIALGROUP.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
FIRST CLASS FLORIDA SERVICES, INC**

Certificate of Status	1
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COVER LETTER

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

SUBJECT: FIRST CLASS FLORIDA SERVICES, INC
(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: EFREN A. RIVAS B

Name (Printed or typed)

441 SW 131st AVE

Address

DAVIE, FL 33325

City, State & Zip

305-558-5846

Daytime Telephone number

ERIVAS@AMEFINANCIALGROUP.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 NAMEThe name of the corporation shall be: FIRST CLASS FLORIDA SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5571 SW 4th STREETSAME PRINCIPAL ADDRESSCORAL GABLES, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 20**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE A. ARVIZU - PRESIDENT Name and Title: YAJAIRA ARVIZU-VICE PDTAddress 5571 SW 4th STREET Address: 5571 SW 4th STREET
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: GLOBAL BUSINESS SERVICES & CONSULTING INC

Address: 441 SW 131st AVE

DAVIE, FL 33325

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSE ARVIZU

Address: 5571 SW 4th STREET

CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 Agent5-10-2021
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/Incorporator5-10-2021
Date

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