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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

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

FLORIDA PROFIT/NON PROFIT CORPORATION **EDMY SOLUTIONS SERVICE INC**

Certificate of Status	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

Help

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

CLE II PR	UNCIPAL OFFICE		
	Principal street address		Mailing address, if different is
	2921 NW 14th ST MIAMI,FL 33125		
	100111111 J J J Z Z		
TLE III PU rpose for whi	RPOSE ich the corporation is organized is: _A	NY AND ALL LAWFU	L BUSINESS
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Name	and Title:	Name and Title:
Addr	ess	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name:	Eduardo Viton Cordova	 -
Address:	2921 NW 14th ST	
	MIAMI, FL 33125	
		
ARTICLE VII	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	Eduardo Viton Cordova	
Address:	2921 NW 14th ST	
	MIAMI, FL 33125	
		
ARTICLE VIII	EFFECTIVE DATE:	
(If an effective	date is listed, the date must be specific	and cannot be more than five days prior or 90 days after
filing.)		
	e inserted in this block does not meet the effective date on the Department of State	applicable statutory filing requirements, this date will not be cords.
	•	
Having been nar certificate, I an€	ned as registered agent to accept service of Amiliar with and accept the appointment	of process for the above stated corporation at the place design t as registered agent and agree to act in this capacity
		ر معربد
yac.	Required Signature/Registered	Agent Date
		herein are true. I am aware that the false information subs
		herein are true. I am aware that the false information subsequee felony as provided for in s.817.155, F.S.