

P21000090894

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 : 120200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

****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
NORTH PROJECT PLAN CORP

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COVER LETTER

(((H21000384358 3)))

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

SUBJECT: NORTH PROJECT PLAN 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 ☐ \$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:** PIERLUIGI COLABERARDINO FERNANDEZ

Name (Printed or typed)

8249 NW 36THST SUITE 212

Address

DORAL FL 33166

City, State & Zip

7865373766

Daytime Telephone number

KMLMULTISERVICESCORP@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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ED

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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: NORTH PROJECT PLAN CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8249 NW 36TH ST SUITE 212DORAL FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PIERLUIGI COLABERARDINO FERNANDEZ Name and Title: PRESIDENTAddress: 8249 NW 36TH ST SUITE 212 Address: DORAL FL 33166Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: KATHERINE V CAICEDO
 Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: PIERLUIGI COLABERARDINO FERNANDEZ
 Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

ARTICLE VIII EFFECTIVE DATE: 10/14/2021

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*KATHERINE CAICEDO

Required Signature/Registered Agent

10/14/2021

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.*PIERLUIGI COLABERARDINO FERNANDEZ

Required Signature/Incorporator

10/14/2021

Date

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