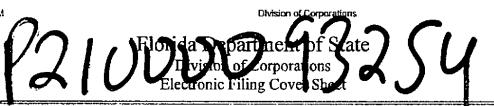
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Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : KML MULTISERVICES CORP

Account Number : I20200000044 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 HENRIQUEZ FOOD SERVICES CORP

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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

To: +18506176381

	HENRIQUEZ FOOD SE	RVICES CORP	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	INF CHEETY)
	ANOTHOD UEBOTONT)	TE NAME - MOST INCL	IDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
理\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PA KEGOIKED
FROM:	DILCIA EMELDA HE	NRIQUEZ ZABALA  Name (Printed or ty	
	ΔΔ <sup>2</sup>	Name (Frince) or ty	•
	<del></del>	Address	101
	DORAL FL 33178		
	City,	State & Zip	
	7863731045		
	Daytime T	elephone number	
	KMLMULTISERVIC	ESCORP@GMAIL.COM	
	E-mail address: (to be used	i for future annual report r	ouncation)

NOTE: Please provide the original and one copy of the articles.

(((H210003967423)))

## ARTICLES OF INCORPORATION

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

<u>CLE II PRINC</u>	IPAL OFFICE Principal <u>street</u> address	3	Vailing address, if different is:	
	V APT 101		SAME	
	8			
CLE III PURPO	NSE.	-		
rpose for which th	ne corporation is organized is: ALI	LAWFUL BUSINES	<u>s</u>	
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CLE IV SHARI				
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umber of shares of s CLE V INITIAL Name and Title:	lock is: 100 LOFFICERS AND/OR DIRECTORS DILCIA EMELDA HENRIQUEZ ZA	BALA Name and		
umber of shares of s CLE V INITIAL Name and Title:	LOFFICERS AND/OR DIRECTORS  DILCIA EMELDA HENRIQUEZ ZA  4420 NW 107THAV APT 11	BALA Name and	PRESIDENT	
umber of shares of s CLE V INITIAL Name and Title:	lock is: 100 LOFFICERS AND/OR DIRECTORS DILCIA EMELDA HENRIQUEZ ZA	BALA Name and		
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umber of shares of s CLE V INITIAL Name and Title: Title: Address	DILCIA EMELDA HENRIQUEZ ZA  4420 NW 107THAV APT 10  MIAMI FL 33178	.BALA Name and		
umber of shares of s CLE V INITIAL Name and Title:	DILCIA EMELDA HENRIQUEZ ZA  4420 NW 107THAV APT 10  MIAMI FL 33178  FIDEL ALEJANDRO DIAZ	BALA Name and	VP	
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Name and Title:  Address  Name and Title:	DILCIA EMELDA HENRIQUEZ ZA  4420 NW 107THAV APT 10  MIAMI FL 33178  FIDEL ALEJANDRO DIAZ  4420 NW 107TH AV APT 101	BALA Name and Ol Address:  Name and Title;  Address:	VP	2號 0C 2
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2021-10-27 22:03:17 GMT

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From: KML MULTISERVICES

		(((H21000396742 3)))
Name and	Title:Name and Title:	
Address	Address:	
ARTICLE VI R	EGISTERED AGENT	
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	KATHERINE CAICEDO	
Address:	8249 NW 36TH ST SUITE 212	
	DORAL FL 33166	
ARTICLE VII I	NCODPODATOD	
	- <del>-</del>	
The <u>name and add</u>	lress of the Incorporator is:	
Name:	DILCIA EMELDA HENRIQUEZ ZABALA	
Address:	4420 NW 107TH AV APT 101	
	DORAL FL 33178	
ARTICLE VIII E	FFECTIVE DATE:	
Effective date, if of (If an effective da filing.)	her than the date of filing: (OPTIONAL) te is listed, the date must be specific and cannot be more than five days	prior or 90 days after the
Note: If the date in the document's eff	serted in this block does not meet the applicable statutory filing requirement ective date on the Department of State's records.	ts, this date will not be listed as
Having been names certificate, I am fan	d as registered agent to accept service of process for the above stated corporati miliar with and accept the appointment as registered agent and agree to act in t	ion at the place designated in this this capacity
	KATHERINE CAICEDO	10/25/2021
-	Required Signature/Registered Agent	Date
I submit this docu document to the Do	ment and affirm that the facts stated herein are true. I am aware that the j partment of State constitutes a third degree felony as provided for in s.817.	false information submitted in a 155, F.S.
MLCNA	CMCLDA HONBAQUEZ ZABALA	10/25/2021
Required Signature	N	Date

(((H210003967423)))