

10/25/21, 3:19 PM

Division of Corporations

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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 : 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**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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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

HENRIQUEZ FOOD SERVICES CORP

SUBJECT: _____
(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: _____
DILCIA EMELDA HENRIQUEZ ZABALA
Name (Printed or typed)

4420 NW 107TH AV APT 101
Address

DORAL FL 33178
City, State & Zip

7863731045
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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HENRIQUEZ FOOD SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address4420 NW 107TH AV APT 101DORAL FL 33178

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DILCIA EMELDA HENRIQUEZ ZABALA Name and Title: PRESIDENTTitle: Address 4420 NW 107TH AV APT 101

Address:

MIAMI FL 33178Name and Title: FIDEL ALEJANDRO DIAZName and Title: VPAddress 4420 NW 107TH AV APT 101

Address:

DORAL FL 33178

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

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____ DILCIA EMELDA HENRIQUEZ ZABALA
Address: _____ 4420 NW 107TH AV APT 101
_____ DORAL FL 33178

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

KATHERINE CAICEDO

Required Signature/Registered Agent

10/25/2021

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.

DILCIA EMELDA HENRIQUEZ ZABALA

Required Signature/Incorporator

10/25/2021

Date

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