

11/15/21, 2:59 PM

Division of Corporations

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 : I28200000044
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

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FLORIDA PROFIT/NON PROFIT CORPORATION
SB SHOW 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

SB SHOW 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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:**

DARREL JAVIER SOTO ALVAREZ

Name (Printed or typed)

7713 NW 46TH ST

Address

MIAMI FL 33166

City, State & Zip

7865373766

Daytime Telephone number

KML.MUL.TISERVICESCORP@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: SB SHOW CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7713 NW 46TH STMIAMI FL 33166Mailing 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: DARREI JAVIER SOTO ALVAREZPRESIDENTTitle: Address 7713 NW 46TH ST

Address:

MIAMI FL 33166Name and Title: GREGORY GUSTAVO GARRIDO GARRIDOName and Title: VPAddress 7713 NW 46TH ST

Address:

DORAL FL 33166

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: DARREI JAVIER SOTO ALVAREZ
Address: 7713 NW 46TH ST
DORAL FL 33166

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CLERK OF COURT
STATE OF FLORIDA**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

11/18/2021

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.

DARREI JAVIER SOTO ALVAREZ

Required Signature/Incorporator

10/18/2021

Date

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