## P21000105026

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF GALLERY OF CONTERNITIONS

JOE ANS



May 13, 2021

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

Re: ELCHIVA MAINTENANCE SERVICES INC.

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely

Jorge E Palma

CARLOS RUIZ

Notary Public-State of Florida

Commission # HH 74168

My Commission Expires
December 21, 2024

## **COVER LETTER**

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

SUBJECT: ELCHI	VA MAINTENANCE SERVICES	INC	
30130C1	(PROPOSED CORPOR	ATE NAME - <u>MÜST INÇI.</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	
		ADDITIONAL COPY REQUIRED	
FROM: _M	ARIA RUIZ	(D'	
77	Nam 50 SW 117TH AVE SUITE 203	e (Printed or typed)	
		Address	
MI	AMI FLORIDA 33183		
_	City	, State & Zip	
30:	5 595-2407		
	Daytime	l'elephone number	
MA	RIAQUIROS9@HOTMAIL.COM		
<del></del>	E-mail address: (to be use	ed for future annual report r	otification)

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

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

ARTICLE I NAME The name of the corporat	ion shall be: ELCHIVA MAINTENANC	CE SERVICES INC		
7501 SW 117TH AVE S	Principal street address		Mailing address, if different is: 7750 SW 117TH AVE SUITE 203	
MIAMI FLORIDA 33283		MIAMI FLORI	DA 33183	
ARTICLE III PURPO The purpose for which the	PSE ne corporation is organized is: ANY AN	D ALL LEGAL PURPOS	ES	
		<u> </u>	<del>2</del>	
		···		
			9. 2	
			9. 2	
	L OFFICERS AND/OR DIRECTORS  JORGE E PALMA, PRES	Name and Title:	<del></del>	
Address	2501 639 112 4370 617002 621122	Address:		
	MIAMI FLORIDA 33283	_		
Name and Title:		Name and Title:		
Address				
		-		
Name and Title:		Name and Title:		
Address				
	· ···			

Name and '	Fitle:	Name and Title:	
Address		Address:	
		<del></del>	
	EGISTERED AGENT		
	ida street address (P.O. Box NOT accepta		
	Jorge E. Palma		
Address:	7501 S.W. 117 Ave Suite	83 <u>11 2</u> 2	
-	Miami Florida 33283	ş —-—	
ARTICLE VII IN	CORPORATOR		
The name and addi	ress of the Incorporator is:		
Name:	Jorge E. Palma		
Address:	7501 S.W. 117 Ave S	vita 831122	
	7501 S.W. 117 Ave S Mami Florida 33:	2 <i>83</i>	
ARTICLE VIII E Effective date, if oth (If an effective date filling.)	FFECTIVE DATE: her than the date of filing: e is listed, the date must be specific and	2021 (OPTIONAL) cannot be more than five days p	) rior or 90 days after the
	serted in this block does not meet the app ctive date on the Department of State's re		s, this date will not be listed as
	das registered agent to accept service of problem with and accept the appointment as r		
pt -		······································	05/27/2021
. /	Required Signature/Registered Age		· Date
	nent and affirm that the facts stated here partment of State constitutes a third degree		
The state of the s		- • • •	05/27/2021
Required Signature	Incorporator	Da	ate