

**PROCESSED**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AHERNANDEZ MULTI-SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JAN -4 PM 2:48  
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2022 JAN -4 PM 11:43

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:A Hernandez Multi-services INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11907 SW 9th LN, Miami FL  
33184**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P)ABRAHAM HERNANDEZ**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

11907 SW 9th LN, Miami FL  
33184Abraham Hernandez**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Abraham Hernandez  
11907 SW 9 LN  
MIAMI FL 33184

**Required Signatures:**

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

X Abraham 01/4/21  
Registered Agent 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.

X Abraham 1/4/21  
Incorporator Date

2022 JAN -6 PM 11:43