

1/7/22, 2:32 PM

Division of Corporations

**P220000001518**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I2020000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SHirley.morales.06@gmail.com

SECRETARY OF STATE  
TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Mr. BEAVER TREE SERVICES CORP**

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Mr. BEAVER TREE SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2945 SW 16 STREET  
MIAMI, FL 33145**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHIRLEY VALVERDE APARICIO President

Name and Title: LAURO DAVID MORALES Vice President

Address 2945 SW 16 STREET

Address: 2945 SW 16 STREET

MIAMI, FL 33145

MIAMI, FL 33145

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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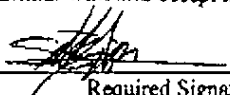
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: SHIRLEY VALVERDE APARICIOAddress: 2945 SW 16 STREETMIAMI, FL 33145**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: SHIRLEY VALVERDE APARICIOAddress: 2945 SW 16 STREETMIAMI, FL 33145**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

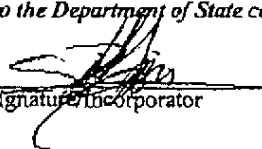
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

Required Signature/Registered Agent

01-07-22

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.*

Required Signature/Incorporator

01-07-22

Date