

2/7/22, 1:13 PM

P22000008332

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000049350 3)))



H220000493503ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

SECRETARY OF STATE
2022 FEB - 7 PM 2: 10
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
ONE MULTI SERVICE GROUP CORP.

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

2022 FEB 7 1:13 PM

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: ONE MULTI SERVICE GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2450 SW 137 AVE
MIAMI, FL 33175

Mailing address, if different is:
2450 SW 137 AVE
MIAMI, FL 33175

ARTICLE III PURPOSE

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

2022 FEB - 7 PM 2:18
SECRETARY OF STATE
FILED

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS ALBERTO ENRIQUE CAMEJO - P Name and Title: _____

Address 2450 SW 137 AVE Address: _____
MIAMI, FL 33175 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: LUIS ALBERTO ENRIQUE CAMEJO

Address: 2450 SW 137 AVE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS ALBERTO ENRIQUE CAMEJO

Address: 2450 SW 137 AVE
MIAMI, FL 33175

2022 FEB -7 PM 2:18
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, 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

_____ 02/04/2022
 Required Signature/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.

_____ 02/04/2022
 Required Signature/Incorporator Date