

Mar 11 2022 5:11PM

No. 0200 P. 1

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: Adonisleon88@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION

AD BROTHERS MULTISERVICE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 MAR 14 PM 3:46

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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: AD BROTHERS MULTISERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

14201 SW 267 ST

APT 304

PRINCETON, FL 33032

Mailing address, if different is:

14201 SW 267 ST

APT 304

PRINCETON, FL 33032

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: Adonis Llana, President

Name and Title: _____

Address 14201 SW 267 ST

Address: _____

APT 304

PRINCETON, FL 33032

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

H 220000935263.

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: Green Box Tax Services Inc

Address: 15715 S Dixie Hwy Ste 211

Miami, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adonis Llana

Address: 14201 SW 267 ST Apt 304

Princeton, FL 33032

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

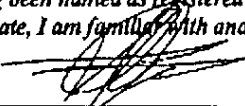
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/11/2022 (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.

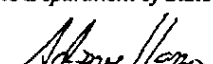
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/11/2022
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

03/11/2022
Date

17220000935263.