

5/10/22, 10:49 AM

Division of Corporations

P22000034320

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ADRIAN TAX SERVICES INC.  
Account Number : I20220000042  
Phone : (786)370-2432  
Fax Number : (305)266-5758

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

Email Address: vigovigocpa@aol.com

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
KYM ALL IN ONE INC**

Certificate of Status	0
Certified Copy	0
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S. CHATHAM

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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:

KYM ALL IN ONE INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

475 W 51ST PL, APT 101

HIALEAH, FL 33012

Mailing address, if different is:

475 W 51ST PL, APT 101

HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CLEANING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

Name and Title: ANGELA DEL SOCORRO GONZALEZ/P.S.T

Address

475 W 51ST PL, APT 101

HIALEAH, FL 33012

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: ANGELA DEL SOCORRO GONZALEZ  
Address: 475 W 51ST PL, APT 101  
HIALEAH, FL 33012

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**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANGELA DEL SOCORRO GONZALEZ  
Address: 475 W 51ST PL, APT 101  
HIALEAH, FL 33012

**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  
05/10/2022  
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  
05/10/2022  
Date

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