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Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I28288888844
Phone : (786)537-3766
Fax Number : (305)482-3837

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

Email Address: kmmlmultiservicescorp@gmail.comFLORIDA PROFIT/NON PROFIT CORPORATION
INV MARTIN 3 CORP

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COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: INV MARTIN 3 CORP(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:** GIANCARLO VALENTINO CARRASCO CAMACHO
Name (Printed or typed)8450 NW 102 AVE APT 419
AddressDORAL, FL 33178
City, State & Zip3059726220
Daytime Telephone numberkmlmultiservicescorp@gmail.com
E-mail address: (to be used for future annual report notification)**NOTE:** Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION

(((H220001669173)))

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

ARTICLE I NAMEThe name of the corporation shall be: INV MARTIN 3 CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8450 NW 102 AVE APT 419
DORAL, FL 33178

Mailing address, if different is:

8249 NW 36TH ST
SUITE 212
DORAL, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GIANCARLO V CARRASCO C - PRESIDENT

Name and Title: _____

Address 8450 NW 102 AVE APT 419

Address: _____

DORAL, FLORIDA 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KATHERINE CAICEDO
 Address: 8249 NW 36TH ST SUITE 212
DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GIANCARLO VALENTINO CARRASCO CAMACHO
 Address: 8450 NW 102 AVE APT 419
DORAL, FL 33178

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*

KATHERINE CAICEDO 05/02/2022
 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.

GIANCARLO V CARRASCO C 05/02/2022
 Required Signature/Incorporator Date

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 2021 MAY 13 PM 12:05
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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