Florida Department of State
Division of Corporations
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Account Number : I20200000044 Phone : (786)537-3766 Fax Number : (305)402-3837

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Email Address: kmlmultiservicescorp@gmail.com

22 JUN - 1 AH 3: 05

FLORIDA PROFIT/NON PROFIT CORPORATION RODRI COCINANDO CORPORATION

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S. CHATHAM JUN - 2 2022

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Corporate Filing Menu

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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: RODRI COCINANDO CORPORATION								
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
Ø \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED					
FROM: DANIEL RODRIGUEZ DOMINGUEZ Name (Printed or typed)								
5955 NW 105TH CT APT 412 $\stackrel{\Sigma}{=}$ $\stackrel{\Xi}{=}$ Ξ								
DORAL, FL 33178 City, State & Zip								
(786) 538-2529 Daytime Telephone number								
kmlmultiservicescorp@gmail.com E-mail address: (to be used for future annual report notification)								

NOTE: Please provide the original and one copy of the articles.

(((11220001880393)))

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

RTICLE II PRINC	<u> IPAL OFFICE</u>			
Princ	cipal street address	1	Mailing address, if different is:	
DC	V 105TH CT APT 412 RAL, FL 33178		8249 NW 36TH ST	
<u></u>	15/11/5 E 721/6		SUITE 212 DORAL, FL 33166	
				
TICLE III PURPO	<u> SE</u>			
c purpose for which the	ne corporation is organized is:AI	L LAWFUL BUSIN	ESS	
			<u></u>	<u>_</u>
	_			
				
				
				2
TICLE IV SHARE	<u>S</u>			22 JUI
TICLE IV SHARE number of shares of	<u>ES</u> stock is: <u>100</u>			22 JUN -
number of shares of s	stock is: 100			1 - MUS 22
number of shares of s	ES Block is: 100 L. OFFICERS AND/OR DIRECTORS			-
number of shares of s	stock is: 100		Title P	-
number of shares of s TICLE V INITIA Name and Title	nock is: 100 LOFFICERS AND/OR DIRECTORS DANIEL RODRIGUEZ DOMINGUEZ	Name and Title:	•••	-
number of shares of s	dock is: 100 I. OFFICERS AND/OR DIRECTORS	Name and Title:	Title P Same	22 JUN - 1 AH 3: 05
number of shares of s TICLE V INITIA Name and Title	nock is: 100 LOFFICERS AND/OR DIRECTORS DANIEL RODRIGUEZ DOMINGUEZ	Name and Title:	•••	-
number of shares of s TICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS DANIEL RODRIGUEZ DOMINGUEZ 5955 NW 105TH CT APT 412 DORAL, FLORIDA 33178	Name and Title: Address:	•••	-
number of shares of s TICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS DANIEL RODRIGUEZ DOMINGUEZ 5955 NW 105TH CT APT 412	Name and Title: Address:	•••	-
TICLE V INITIA Name and Title Address	DORAL, FLORIDA 33178	Name and Title: Address:	Same	AH 3: 05
TICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS DANIEL RODRIGUEZ DOMINGUEZ 5955 NW 105TH CT APT 412 DORAL, FLORIDA 33178	Name and Title: Address:	Same	AH 3: 05
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			(((1122000188039 3)))
Name a	nd Title:	Name and Title:	_
Addres		Address:	
			·
			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the revidered agent ic	
Name:	KATHERINE CAICEDO	or the registered agent is.	
Address:	8249 NW 36TH ST SUITE 212	 -	
	DORAL, FL 33166		
	_		22
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		- 18 A
The name and a	address of the Incorporator is:		JUN - I
Name:	DANIEL RODRIGUEZ DOMINGUEZ		A. P. P.
Address:	5955 NW 105TH CT AP [412		<u>မှာ</u> (27)
	DURAL, FL 33178		
ARTICLE VIII	EFFECTIVE DATE:		,
Effective date, i	f other than the date of filing:	(OPTIONAL	.)
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days	prior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the appl effective date on the Department of State's re	licable statutory filing requiremen cords.	ts, this date will not be listed as
Having been nat certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as r	ocess for the above stated corporat egistered ayent and agree to act in	ion at the place designated in this o this capacity
	<u>KATHERINE CAICEDO</u>		05/20/2022
	Required Signature/Registered Ager	nt	Date
I submit this do	cument and affirm that the facts stated herei	in are true. I am aware that the j	false information submitted in a
document to the	Department of State constitutes a third degree	e felony as provided for in \$.817.15	55, F.S.
D	PANACZ RODAJGUCZ DOMAN urc/incorporator	gucz	05/20/2022
Required Signat	urc/incorporator	D	Date