

6/6/22, 12:31 PM

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

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

Email Address: kmlmultiservicescorp@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
GEMISU MULTISERVICES CORP**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

(((H22000196761 3)))

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

SUBJECT: GEMISU MULTISERVICES 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 REQUIREDFROM: GENESIS MILANO SULBARAN

Name (Printed or typed)

11273 NW 55 LANE LAS CASCADAS

Address

DORAL, FL 33178

City, State & Zip

(786) 281-2076

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.

2022 JUN -6 PM 1:38

TALLAHASSEE, FL

ARTICLES OF INCORPORATION

(((1122000196761 3)))

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

ARTICLE I NAME

The name of the corporation shall be: GEMISU MULTISERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

11273 NW 55 LANE LAS CASCADAS

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: GENESIS MILANO SUI BARAN

Name and Title: TITLE P

Address 11273 NW 55 LANE LAS CASCADAS

Address: SAME

DORAL, FL 33178

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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(((1122000196761 3)))

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: GENESIS MILANO SULBARAN
 Address: 11273 NW 55 LANE LAS CASCADAS
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 05/30/2022
 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.

Genesis Milano Sulbaran 05/30/2022
 Required Signature/Incorporator Date

2022 JUN -6 PM 4:30
 ALAN HOSCH, FL