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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

2022 OCT 10 AM 1:55

FLORIDA PROFIT/NON PROFIT CORPORATION
KML GROUP INC

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

2022 OCT 10 PM 3:24

28

COVER LETTER

((11220003-7203.31))

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

SUBJECT: KML GROUP INC

(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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KATHERINE V CAICEDO
Name (Printed or typed)
8249 NW 36TH ST SUITE 212
Address
DORAL, FL 33166
City, State & Zip
(786) 5373766
Daytime Telephone number
kmlmultiservicescorp@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

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ARTICLE I NAME

The name of the corporation shall be: GEMISU MULTISERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
8249 NW 36TH ST SUITE 212
DORAL, FL 33166

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

Name and Title: TITLE P
Address: SAME

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

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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
Required Signature/Registered Agent 10/10/2022
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 Date 10/10/2022