

10/21/22, 12:06 PM

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION ASHLY MULTISERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 OCT 21 PM 1:29

10/21/22 1:29:58

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: ASHLY MULTISERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1624 NE 151 ST

NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASHLY NICOLLE DURAN ALFONSO (P) Name and Title: _____

Address 1624 NE 151 ST Address: _____

NORTH MIAMI BEACH, FL 33162 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ASHLY NICOLLE DURAN ALFONSO
Address: 1624 NE 151 ST
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ASHLY NICOLLE DURAN ALFONSO
Address: 1624 NE 151 ST
NORTH MIAMI BEACH, FL 33162

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

1st Ashley Nicolle Duran Alfonso _____ Date
Required Signature/Registered Agent

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.