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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: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

### CourtX Corporation

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

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**COVER LETTER**

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

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**COURTX CORPORATION****SUBJECT:** \_\_\_\_\_(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:** COURTX CORPORATION

Name (Printed or typed)

3025 INDIAN CREEK DR APT 103

Address

MIAMI BEACH FL 33140

City, State &amp; Zip

7865373766

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.**

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**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: COURTX CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address  
3025 INDIAN CREEK DR APT 103

Mailing address, if different is:

SAMEMIAMI BEACH FL 33140**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: JHON JHERAL IGLESIAS MARINName and Title: PAddress: 3025 INDIAN CREEK DR APT 103Address: SAMEMIAMI BEACH FL 33140

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JHON JHERAL IGLESIAS MARIN  
Address: 3025 INDIAN CREEK DR APT 103  
\_\_\_\_\_

**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

11/29/2022

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.*

JHON JHERAL IGLESIAS MARIN

Required Signature/Incorporator

11/29/2022

Date

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