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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 : S&S ACCOUNTING SERVICES, INC.
Account Number : 120190000091
Phone : (786)212-2491
Fax Number : (305)454-6657

****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 AGB MULTISERVICES, CORP.

Certificate of Status	0
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2023.1.14 Fil 4:44

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AGB MULTISERVICES CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address207 SW 3 ST

Mailing address, if different is:

HALLANDALE BEACH, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEJANDRO GONZALEZ BADA, P

Name and Title: _____

Address 207 SW 3 ST

Address: _____

HALLANDALE BEACH 33009

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: ALEJANDRO GONZALEZ BADA
Address: 207 SW 3 ST
HALLANDALE BEACH 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: S&S ACCOUNTING SERVICES, INC
Address: 3383 NW 7 ST SUITE 304
MIAMI, FL 33125

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

Required Signature/Registered Agent

01/04/23
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

01/04/23
Date