## 230000 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20003000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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 MULTISERVICES 1 CORP

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Estimated Charge	\$78.75

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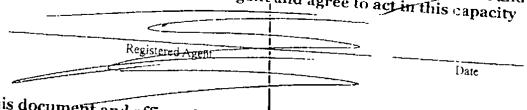
## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

the name of the corporation is:
MULTISERVICES I CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
7343 NW 79 TERRACE
- +343 NW 79 TERRACE MEDIEY FLORIDA 33/60
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- IVan OLINGRES
(P)
23
ARTICLE V INITIAL REGISTERED AGENT AND STREET A DDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
7343 NW 79 Terrace
Medley Florida 33166
1-1-carteg Fromaci - orac
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Ivan Olivares
7343 NW 79 Terrace
Medley Florida 33166

## Required Signatures:

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



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.

