

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : SERVIGER CORPORATION
 Account Number : I20160000091
 Phone : (786) 786-3487
 Fax Number : (305) 635-9868

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 DIVISION OF STATE
 TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jjserviger@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
 S & L MULTISERVICES INC**

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

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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:

S & L BROTHERS MULTISERVICES INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

970 NE 128TH ST NORTH MIAMI FL 33161

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: P. Genesis M. Alvarez Estrada

Name and Title:

Address

970 NE 128TH ST

Address:

NORTH MIAMI FL 33161

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: Genesis M. Alvarez EstradaAddress: 970 NE 128TH ST
NORTH MIAMI FL 33161**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Genesis M. Alvarez EstradaAddress: 970 NW 128TH ST
NORTH MIAMI FL 33161**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 Agent03/16/2023_____
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/Incorporator03/16/2023_____
Date

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TALLAHASSEE, FL