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

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
ONE STOP MULTISERVICES FL CORP

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: One Stop Multiservices FL Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

1107 SW 8 TH ST Miami 33130

Mailing address, if different is:

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. Hector Castaneda

Address: 512 SW 6TH Court
Miami Florida 33130

Name and Title:

Address:

Name and Title: VP. Vladimir Novoa

Address: 835 SW 10 AV
Miami Florida 33130

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Hector Castaneda

Address: 512 SW 6TH Court

Miami Florida 33130

ARTICLE VII INCORPORATOR

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

Name: Hector Castaneda

Address: 512 SW 6TH Court

Miami Florida 33130

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.

Hector Fabián Castañeda Lopez 04/01/2023

Required Signature/Registered Agent 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.

Hector Fabián Castañeda Lopez 04/01/2023

Required Signature/Incorporator Date

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