Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000188572 3)))



H230001885723ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone

: (305)675-5944

Fax Number

**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 WILFREDO MULTISERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is

The flame of the corporation is:		
WilFrado Multisarvicas F.	NO	
ARTICLE II PRINCIPAL OFFICE:		-
The principal street address and mailing address is:		
MIAMI FL 33/65	108	
MICHI +C, 33/65	_	
ARTICLE III SHARES: The number of shares of stock is:	<u> </u>	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE		
- WilFreds Garcia del to	<u> </u>	
<u> </u>		©
	2023 HAY	
		(====
	2 PM	
	42:	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AL	DDRESS:	
The name and Florida street address (PO Box not acceptable) of the register	red agent is:	
Wilfredo Garcia del Toro	<u></u>	
9333 000 24SF HPT G 108		
Miam, F1 33165	·	
ARTICLE VI INCORPORATOR: The name and address of the Inco	rporator is:	
Wilfredo Garcia del TOro		
9555 SW 245+ Apt 6108		
Miami C1 32165		

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

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.

Incorporator

SECRETARY OF STATES OF SECRETARY 22 PM 2: 16