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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 AE MULTISERVICES INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Axk			name of the cor	poration is:		
	AE MULTIS	SERVICES IN	۱ <u>.</u>			
	ARTICI	EII PRIN	NCIPAL OFFIC	Œr	<u> </u>	
	The principal	street address	and mailing ad	dress is:		
140	)1 W 29TH :	ST LOT C59	Hialeah fi 330	12		
<b>ADTY</b> ĈI DITE	CILABYO M				_	
ARTICLEIN	oklakes: 11	ne number of	shares of stock i	ś: <u>100</u>		·
ARTICLE	IV IN	TIAL DIREC	CTORS AND/C	R OFFICER	<u>k§:</u> ~	<b>,</b>
			HEMENDIA G		PTT SECI	፧ <b>⊢</b> ፈ
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ARTICLEV	INITIAL RE	GISTERED	AGENT AND	STREET AD	DRESS:	
The name and Flori	då street add	ress (PO Box)	not acceptable) a	of the register	ed agent is	:
ADALBE	RTO ECHE	MENDIA GO	NZALEZ		<del></del>	
1401 W 2	9TH ST LO	Г C59 Hialea	ah fi 33012	·		
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					····	
ARTICLEVI					porator is:	
	ADAL	BERTO EC	HEMENDIA GO	<u> NZALEZ</u>		
	1401	W'29TH ST	LOT C59 Hial	eah fl 33012		

## 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

100		
Commence of Street		01/28/2024
	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.

focorporator	01/28/2024
-ocorporator	Date.

SECRETAL SESTATE