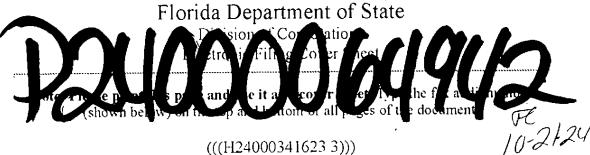
10/11/24, 10:32 AM

Division of Corporations





H240003416233ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FIALLO SERVICES SOLUTIONS CORP

Account Number : I20240000079

Phone : (305)690-8236 Fax Number : (786)323-6798

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

Email Address: info@elitep-group.com

FLORIDA PROFIT/NON PROFIT CORPORATION OLIVERA MULTI-SERVICES CORP.

Certificate of Status	0
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Help

p.2

October 16, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ETALLO SERVICES SOLUTIONS CORP

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SUBJECT: OLIVERA MULTI-SERVICES CORP.

REF: W24000141529

We have received your document for OLIVERA MULTI-SERVICES CORP. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

: ...

FAX Aud. #: H24000341623 Letter Number: 124A00022837 H24000341623.

ARTICLES OF INCORPORATION In compliance with Chapter now (Profit)

	ARTICLE	I SAME: T	he aame of th	e corporatio	n is:	
	(OLIVERA MUTIF	PLE-SERVICE	S CORP.		
	AR	TICLE II PE	RINCIPAL O	EFIGE:		
	The prin	cipal street addr	ress and maili	ng address i	ક્ષ:	
}****	9340 FONT	TAINEBLEAU BL	VD APT 112	···		
***********	MIAMI, FL.	33172		# 4 - \$ y y - y 4 h 4 - y h h y - h h h h h		
RTICLEI	II SHARE	ES : The number	of shares of s	tock is:	190	
AR	TICLE IV	INITIAL DII	RECTORS A	ND/OR OF	TICERS	is 12
JES	JS D. OLIVERA	ALEON - PRES	SIDENT			
9340	FONTAINEBL	EAU BLVD APT	112			
MIAI	MI, FL 33172					; ;:-:
						EST.
						产品
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he name ai	nd Florida stree	AL RECISTER et address (PO F ONAL GROUP.	Box not accept			
554	5 SW 8TH ST. 5	STE 204			······································	
CO	RAL GABLES. F	FL 33134		:	······································	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	IS D. OLIVERA			address of t	he Incorp	orator
9340	FONTAINEBLE	FAU BLVO APT 1	12			
MAIM	4I, FL 33172					

H2400034/623

## 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

;

Registed 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 Date

2024-007-18 PM 4: 08

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