

# P95000033813

Classic Multi Serv. Inc. -  
35 B.M.E. CSA AVE -  
Delray Beach, FL 33444 -

OFFICE USE ONLY

700001410337  
-01/19/95--01059--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

700001460337  
-01/19/95--01059--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Classic Multi-Serv. INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 APR 25 PM 3:52  
TALLAHASSEE, FLORIDA

789.569,671

7621

APR 6 5-1

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 25, 1995

FRANCOIS ST. LOUIS  
35 NE 1ST AVE., #B  
DELRAY BEACH, FL 33444-3711

SUBJECT: CLASSIC MULTI SERVICES INC.  
Ref. Number: W95000007621

We have received your document for CLASSIC MULTI SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

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 (904) 487-6973.

AMANDA HERRING  
Document Specialist

Letter Number: 695A00019260

## ARTICLES OF INCORPORATION

FILED  
95 APR 25 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

CLASSIC MULTI SERVICES INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

35 NE 1st Ave. #B  
Delray Beach, FL 33444-3711

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANCOIS St. Louis  
35-B NE 1st Ave  
DELRAY BEACH, FL  
33444-3711

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FRANCOIS ST. LOUIS

624 SNAPPER  
WAY

DeLray Beach,  
FL 33445-2333

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Tuesday day of MARCH 15, 1995.

Francis Louis St. Francois  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CLASSIC MULTI SERVICES INC.

2. The name and address of the registered agent and office is:

FRANCOIS ST. LOUIS  
(Name)

35-B NE 1ST AV.  
(P.O. Box not acceptable)

Delray Beach FL 33444-3711  
(City/State/Zip)

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95 APR 25 PM 3:52  
TALLAHASSEE, FLORIDA  
SECRET

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X Francis Louis Francis  
(Signature)

3/16/95  
(Date)