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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2025 JAN -5 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: 2205 Multiservices Corp  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: Marihena Ibette Parra Garcia  
Name (Printed or typed)

8310 me 7th st apt 55

Address

Miami - Florida 33126

City, State & Zip

7875165968

Daytime Telephone number

Mpimmigrationservicesusa@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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: 2205 Multiservices Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8310 me 7th st apt 55 Miami- Florida 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Taxes & Documents preparer

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marihena Ibette Parra Garcia

**P**

Name and Title: \_\_\_\_\_

Address 8310 me 7th st apt 55 Miami

Address: \_\_\_\_\_

Florida 33126

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2015 JAN -6 PM 12:16  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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: Marihena Ibette Parra Garcia  
Address: 8310 me 7th st apt 55 Miami - Florida  
33126

**ARTICLE VII INCORPORATOR**

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

Name: Marihena Ibette Parra Garcia  
Address: 8310 me 7th st apt 55 Miami - Florida  
33126

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/06/2025 (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.

2025 JAN -6 PM 12:16

*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*

*Marihena Parra*

Required Signature/Registered Agent

01/06/2025

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.*

*Marihena Parra*

Required Signature/Incorporator

Date 01/06/2025