

P10000043383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

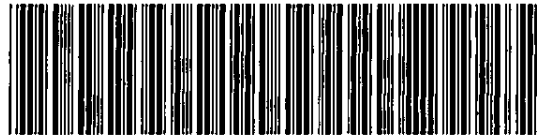
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: A+ DRIVING SCHOOL INC
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: A + DRIVING SCHOOL INC
Name (Printed or typed)

3265 W NEW HAVEN AVE
Address

MELBOURNE FL 32904
City, State & Zip

321-368-1779
Daytime Telephone number

caludimarce800@hotmail.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:

A + DRIVING SCHOOL INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3265 W NEW HAVEN AVE
MELBOURNE FL 32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT
MARCELA IRRENO
3532 CHICA CR
W MELBOURNE FL
32904

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

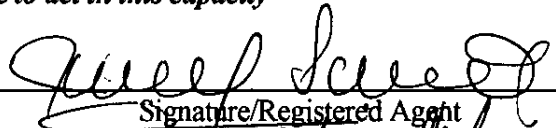
MARCELA IRRENO
3532 CHICA CR
W MELBOURNE FL 32904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSY G MEDINA
1712 CAPE PALOS DR
MELBOURNE FL 32935

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



Signature/Registered Agent

05/08/2010
Date



Signature/Incorporator

05/08/2010
Date

FILED
10 MAY 19 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA