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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.F.P. Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Adriana Francisca Peralta
Name (Printed or typed)

12827 sw 29th st
Address

Miramar, Fl. 33027
City, State & Zip

954-557-1878
Daytime Telephone number

apera004@fiu.edu
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

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 A.F.P. Incorporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 12827 sw 29th st
Miramar Fl. 33027
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Independent contractor / L.P.N.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Adriana Peralta</u>	Name and Title: _____
Address: <u>12827 sw 29th st</u>	Address: _____
<u>Miramar Fl. 33027</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Adriana Peralta
Address: 12827 sw 29th st
Miramar Fl. 33027

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Adriana Peralta
Address: 12827 sw 29th st
Miramar Fl. 33027

Having been named as registered agent to accept service of process for the above stated corporation and the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Adriana F. Peralta _____
Required Signature/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.

Adriana F. Peralta _____
Required Signature/Incorporator Date

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