## P11000108421

(Red	questor's Name)	·		
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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2011 DEC 27 PM 4: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh DEC 28 2011

## **COVER LETTER**

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

SUBJECT: AGL INC		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation an	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: AGL INC		
Name	e (Printed or typed)	<del></del>
14700 SW 248 STREET		
	Address	
PRINCETON, FL. 3303	2 State & Zip	
305-257-3295  Daytime T	elephone number	
NICK@AGL-INC.COM E-mail address: (to be use	d for future annual report	t notification)

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



December 12, 2011

NICK FALCONE 14700 SW 248 STREET PRINCETON, FL 33032

SUBJECT: AGL INC

Ref. Number: W11000061932

We have received your document for AGL 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 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please complete Article(s) VI.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 511A00027662

www.sunbiz.org

Division of Companyions, D.O. DOV 6297 Tallahagaaa Florida 2221

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLET	AGL DIC		
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if	lifferent is:
	14700 SW 248 STREET	Maning address, in	ameren is.
	PRINCETON, FL. 33032	<del>-</del>	<del></del>
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
LANDSCAF	PING	200 maly >	Ate-1/1/2012
		CHACUNE I	Ate - 1/1/2010
			·
			· i
ARTICLE IV	CHADIC		≥ SE
	nares of stock is: IDD		
The number of si	iales of stock is.		
	INITIAL OFFICERS AND/OR DIRECTOR		%% <b>~</b> =
Name and	Title: NICK FALCONE - PRESIDENT		
Address:	14700 SW 248 STREET	Address:	
	PRINCETON, FL. 33032	<u> </u>	
			# 45 ORIDA
Name and	Title:	Nome and Title	見る ま
Address:	Title		
Address.			
			<del> </del>
		_	
	Title:		
Address:		Address:	
		_	
		<del> </del>	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	the registered agent in	
Name:	NICK FALCONE	the registered agent is.	
Address:	14700 300 248 3+	-	
11001055	Princeton, 71. 33032	_	
	•	<del>-</del>	
	INCORPORATOR ddress of the Incorporator is:		
Name:	NICK FAL CONF		
Address:	14700 SW-248 STREET	_	
Addiess.	PRINCETON, FL. 33032	-	
	•	_	
	med as registered agent to accept service of process		
inis certificate, f	am familiar with and accept the appointment as regi	istered agent and agree to act in this c	<i>сарасну</i>
7//		10/0	11.12212
			1/2011 1/1/2012
	Required Signature/Registered Agent		Date '
	cument and affirm that the facts stated herein are		rmation submitted in a
	Department of State constitutes a third degree felony		
11			11.
_ // / 1	1670	1 <del>2/</del>	6/2017 1/1/2012
0	Required Signature/Incorporator		Date 1