

SmallBiz.com

Incorporation & LLC Formation Services

**P02000061332**

☐ Expedited Filing  
☒ Standard Filing

## COVER SHEET

Date: 05/30/02

600005665626--1  
-06/03/02--01077--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Please file the enclosed documents to form a:

☒ Corporation    ☐ Limited Liability Company

Enclosed is a check for the filing fees.

Please return our filed/stamped copy of the articles and/or our filing receipt in the enclosed pre-stamped mailer.

If you have any questions, I can be reached at 520.881.3989.

Thank you for processing this filing.

Sincerely,

*Dore Duv*

Incorporator/Organizer

**FILED**  
02 JUN -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Dore Duv*

## ARTICLES OF INCORPORATION

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: Arminio & Associates Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 53 Ash Drive, Cooper City, FL 33026

### ARTICLE III SHARES


The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200


### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Lauren Arminio, 53 Ash Drive, Cooper City, FL 33026

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Dora Rios PO Box 13092, Tucson AZ 85732

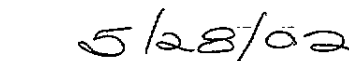
  
Signature/Incorporator

  
Date

(An additional article must be added if an effective date is requested.)

*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*

  
Signature/Registered Agent

  
Date

FILED  
02 JUN -3 PM 11:04  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE