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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Coples	_ Certificate:	of Status
Special Instructions to Filing Officer:		

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

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

SUBJECT: ALZO-MARWE CONSCIONOF FLA, NC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		(Printed or typed)	<u>PA</u>
	(954)	LORIOA State & Zip 384.024 Telephone number	

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 APRO-MA The name of the corporation shall be: FLORI	PRINT CONNECTION OF DA, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	WESTON, FLOR. DA33332
ARTICLE III PURPOSE The purpose for which the corporation is organized AIRCRAFT SALES AND MARINE RELATED SERVICES.	i versel sales Plus all
ARTICLE IV SHARES The number of shares of stock is: 1000	SHARES
ARTICLE V INITIAL OFFICERS AND/OR List name(s), address(es) and specific title(s): MANUEL CAMACHO 2676 BDG BWATEN WESTON, TORIDA ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO MANUEL CAMACHO 2676 BOGEWATEN WESTON, PORIOA 3 ARTICLE VII INCORPORATOR	PRESIDENT - DIRECTOR ORIUE 33332 Tacceptable) of the registered agent is: ORIUE ORIUE
The <u>name and address</u> of the Incorporator is:	DRIVE 33332 ********************************
Having been named as registered agent to accept service of pr certificate, I am familiar with and accept the appointment as reg	
Signature/Registered Agent	

Signature/Incorporator