606000042395

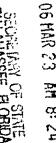
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #f)
PICK-UP	Wait	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		}
		

Office Use Only



900067674969

93/19/05--01014--010 **id. 18



CB 3-24.06 W06-12129

COVER LETTER

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

SUBJECT: A. GEORGIAIOU CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:				
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM: Andrea GEORGHIOU Name (Printed or typed)						
224 nw 107th way						
CORAL Springs FL. 33071						
954-772-108 Daytime Telephone number						

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



March 13, 2006

ANDREA GEORGHIOU 224 NW 107TH WAY CORAL SPRINGS, FL 33071

SUBJECT: A GEORGHIOU CORP Ref. Number: W06000012129

We have received your document for A GEORGHIOU CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please complete article VII with the address.,

Please return the 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) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 306A00017161

	Need	
Sub-	CHAPTET -	S-COR

ARTICI	ES ()F	INCO	RPO	RA	TION
1.312 T 1.5~T	<i>- 11</i> 1	~.	AL 100			

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

A. GEORGHIOU CORP-NAME The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 224 NW 10.7 HWAY CORAL SPRINGS, FL, 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Based Company

ARTICLE IV

The number of shares of stock is: 1,000

INITIAL OFFICERS AND/OR DIRECTORS

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

A. GEORGHIOU WAY

REGISTERED AGENT

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

MRIS GEORGHIOU 224 NW 107 WAY CORAL Speings FL 3307/

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrea GEORGHIOU 224 nw 107 way CORA SILVAS, FL

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 Signature/Incorporator