

PO6000102047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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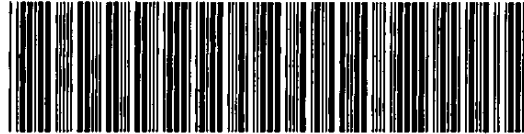
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: American Reliable Processing Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Elvia Lugo
Name (Printed or typed)
8815 NW 174 terr
Address
Miami, FL 33018
City, State & Zip
305-216-7556
Daytime 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

The name of the corporation shall be:

American Reliable Processing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8815 NW 174 TERR miami, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct businness as a Processing Company.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elvia Lugo 8815 NW 174 terr miami, FL 33018 President

Alberto Alonso 8815 NW 174 terr miami, FL 33018 Vice President

ARTICLE VI REGISTERED AGENT

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

Elvia Lugo 8815 NW 174 terr miami, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elvia Lugo 8815 NW 174 terr miami FL 33018

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

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA