

(Requestor's Name)
(Address)
(Address)
(City/Chata/Zin/Dhaga 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

C.J. 3/12

COVER LETTER

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

SUBJECT: A A \	W INC.,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: A	UDRIAN WHITE	(Printed or typed)	······································
:	428 SW 80TH AVE	NUE Address	·····
	NORTH LAUDERD	OALE State & Zip	
<u>:</u>	954-325-8866 Daytime 1	Felephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2008

AUDRIAN WHITE 428 SW 80 AVE. N. LAUDERDALE, FL 33068

SUBJECT: A A W INC.

Ref. Number: W08000010621



We have received your document for A A W INC. and your check(s) totaling \$87.50. 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.

Please select a new name and make the correction in all appropriate places. 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.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 408A00012555

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COVER LETTER

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

SUBJECT: A A V	V CUSTOMER SERVI	CE INC.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:				
\$70.00	\$78.75	□ \$78.75	☑ \$87.50				
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL COPY REQUIR					
		<u> </u>					
FROM: AL	ıdrian White						
	Name (Printed or typed)						
4	428 SW 80th Avenue						
•		Address	· · · · · · · · · · · · · · · · · · ·				
_	North Lauderdale, FL						
•	City,	State & Zip					
<u> </u>	954-325-8866						
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:

A A W CUSTOMER SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 428 SW 80TH AVENUE NORTH LAUDERDALE, FLORIDA 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide home based Customer Service

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Audrian White 428 SW 80th Avenue North Lauderdale, Florida 33068

Title: Owner

FILED

2008 MAR II PH 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERE	D AGENT			FIL	ED
The name and Florida street address	(P.O. Box NOT acceptable) of the registe	ered age	ent is:	•	
AUDRIAN Julites	D AGENT § (P.O. Box NOT acceptable) of the registe		200	8 MAR 11	PM 1:40
428 Sul 80th Ave			SE	CRETARY	UF STATE E. FLORIDA
N. LAUD. FL 330	668		IALL	AHASSE	E. FLORIDA
ARTICLE VII INCORPORAT	<u>ror</u>				
The name and address of the Incorpo	rator is:				
Audrian White					
428 SW 80th Avenue					
North Lauderdale, Florida 33068					
**********	***********	*****	******	*****	***
	ccept service of process for the above stated corp			e designatea	l in this
certificate, I am familiar with and accept the	appointment as registered agent and agree to act i	n this ca	pacity	ì	
U. White		3	17	08	
Signature/Registered Agent	;		Date		
a. White		[8]	17 /0	8	
Signature/Incorporator			Date		•