

PO800005/358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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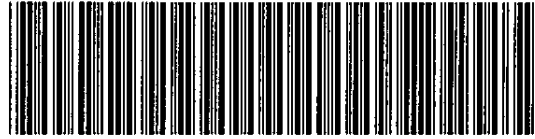
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/12/08--01026--009 **78.75

FILED

08 MAY 22 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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23/81



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2008

DALIANA HERNANDEZ
10740 WASHINGTON STREET
#305 BUILDING #5
PEMBROKE PINES, FL 33025

SUBJECT: ANDALI'S SERVICES, INC.
Ref. Number: W08000023681

We have received your document for ANDALI'S SERVICES, INC. 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 registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 808A00030202

COVER LETTER

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

SUBJECT: ANDALI'S SERVICES, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DALIANA HERNANDEZ
Name (Printed or typed)

10740 WASHINGTON STREET #305 bUILDING #5
Address

PEMBROKE PINES, FL 33025
City, State & Zip

786-925-5438
Daytime Telephone number

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

**Articles of Incorporation
of
AnDali's Services, Inc.**

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08 MAY 22 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is **AnDali's Services, Inc.**

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10740 Washington Street
305 Building # 5
Pembroke Pines FL 33025

**ARTICLE III
PURPOSES**

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

**ARTICLE IV
STOCK**

The aggregate number of shares that this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

**ARTICLE V
CORPORATION BY-LAWS**

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered

or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

Daliana Hernandez
10740 Washington Street
305 Building # 5
Pembroke Pines, FL 33025

ARTICLE VIII INCORPORATOR

The name and address of the incorporator is:

Daliana Hernandez
10740 Washington Street
305 Building # 5
Pembroke Pines, FL 33025

ARTICLE VIV REGISTERED AGENT

The name and Florida Street address of the registered agent is

Daliana Hernandez
10740 Washington Street
305 Building # 5
Pembroke Pines, FL 33025

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]
Signature of Registered Agent

5/20/08
Date

IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their hand this _____ day of _____, 2008

INCORPORATOR (S):

[Signature]
Signature

Signature

Signature

Signature

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08 MAY 22 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me on this 6th day of May, 2008, by _____ who is personally known to me or who has produced _____ as identification.

Archie Grant
Notary Public

[Signature]
Signature of Notary Public-State of FL

04/05/2009

My Commission expires:

Personally Known OR Produced Identification ✓
Type of Identification Produced _____

