

PO9000018688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

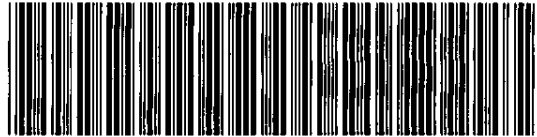
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 FEB 26 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/27

1019-5035-10 7019

COVER LETTER

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

SUBJECT: ASM 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
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: ADRIAN S. MALOSS

Name (Printed or typed)

1435 18TH TERRACE SE

Address

CAPE CORAL, FL, 33990

City, State & Zip

239-424-0006

Daytime Telephone number

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



RECEIVED
DEPARTMENT OF STATE

09 FEB 12 AM 11:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2009

ADRIAN S MALOSSİ
1435 18TH TERRACE SE
CAPE CORAL, FL 33990

Corporation
SUBJECT: ASM ~~SERVICES, INC~~
Ref. Number: W09000005035

Corporation
We have received your document for ASM ~~SERVICES, INC~~ and your check(s) totaling \$70.00. 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 extra copy of your form must be completed.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 109A00003674



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2009

ADRIAN S MALOSSİ
1435 18TH TERRACE SE
CAPE CORAL, FL 33990

SUBJECT: *A+C MENDOZA, INC.*
Ref. Number: W09000007219

We have received your document for ~~ASM, CORPORATION~~ and your check(s) totaling \$70.00. 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.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 709A00005301

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DEPARTMENT OF STATE
09 FEB 26 PM 3:50

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&C MENDOZA, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1435 SE 18TH TERRACE
CAPE CORAL, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all businesses

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):

Adrian S. Malossi-Pres
1435 SE 18th Terrace
Cape Coral, FL 33990

ARTICLE VI REGISTERED AGENT

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

Adrian S. Malossi
1435 SE 18th Terrace
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adrian S. Malossi
1435 SE 18th Terrace
Cape Coral, FL 33990

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

FILED

09 FEB 26 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/27/09
Date

1/27/09
Date