

P09000032047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

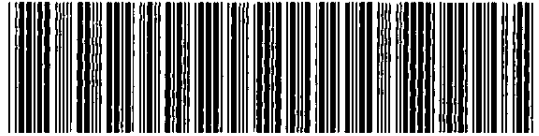
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 APR -7 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

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

**SUBJECT:** AMERICOL 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:** S. B. ORDONEZ, BBA

Name (Printed or typed)

P. O. BOX 22928

Address

WEST PALM BEACH, FL 33416

City, State & Zip

305-773-7675      561-655-6119

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:

AMERICOL SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

4363 SW 10TH Place, Suite 303  
DEERFIELD BEACH, FL 33442

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL MAINTENANCE SERVICES AND ANY OTHER LEGAL BUSINESS.

## ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LUIS FERNANDO VIVAS	4363 SW 10TH PL, # 303 Deerfield Beach, FL 33442	PRESIDENT/TREAS.
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CAROLINA APONTE	4363 SW 10TH PL, #303 Deerfield Beach, FL 33442	SECRETARY
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## ARTICLE VI REGISTERED AGENT

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

S. B. ORDONEZ  
911 PASEO ANDORRA  
WEST PALM BEACH, FL 33405

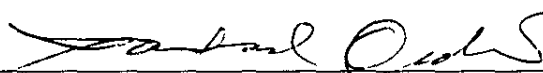
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

S. B. ORDONEZ  
P. O. BOX 22928  
WEST PALM BEACH, FL 33416

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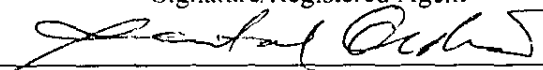
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

April 03, 2009

Date



Signature/Incorporator

April 03, 2009

Date

FILED  
09 APR - 7 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA