

PO900005093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

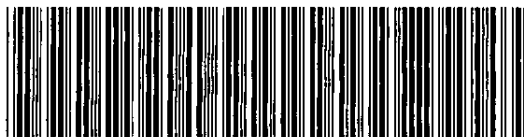
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700156744047

06/08/09--01016--001 \*\*87.50

APPROVED  
AND  
FILED

09 JUN -8 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: AA Little Ids Co.  
(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: Chris Coelho  
Name (Printed or typed)

142 Red Rose Circle  
Address

Orlando FL 32835  
City, State & Zip

(407) 286-3666  
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:

AA Little Job Co.

## ARTICLE II PRINCIPAL OFFICE

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

142 Red Rose Cir  
Orlando FL 32835

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct all business that can legally be conducted under  
the laws of the State of Florida

## ARTICLE IV SHARES

The number of shares of stock is:

One hundred shares (100)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Claudio Coelho, 142 Red Rose Circle Orlando FL 32835, Owner/  
President

## ARTICLE VI REGISTERED AGENT

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


Charles Saba  
142 Red Rose Circle  
Orlando FL 32835

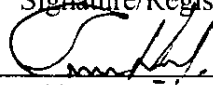
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claudio Coelho  
142 Red Rose Circle  
Orlando FL 32835

\*\*\*\*\*  
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

APPROVED  
AND  
FILED  
09 JUN -8 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/3/89

\_\_\_\_\_  
Date

6/3/2009

\_\_\_\_\_  
Date