

P10.0000002294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

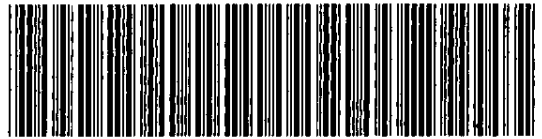
(Business Entity Name)

(Document Number)

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

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10 JAN 11 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** ALL IN ONE REYNOSO 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Guillermo N Reynoso  
Name (Printed or typed)

202 10th Wahneta st west  
Address

Winter Haven, Florida 33880  
City, State & Zip

(863)207-9451  
Daytime Telephone number

magda62@ymail.com  
E-mail address: (to be used for future annual report notification)

**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:

ALL IN ONE REYNOSO SERVICES INC

## ARTICLE II \* PRINCIPAL OFFICE

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

PRINCIPAL ADDRESS

142 Flamingo Drive  
Auburndale, Fl 33823

MAILING ADDRESS

202 10th Wahneta st west  
Winter Haven, Fl 33880

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Limit my tax obligation and protection of my family savings  
in the future.

## 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):

GUILLERMO N REYNOSO  
202 10th Wahneta St West Winter Haven, Fl 33880  
Owner/President

## ARTICLE VI REGISTERED AGENT

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

Magda L Rodriguez  
1650 S Rifle Range Rd  
Winter Haven, Fl 33880

## ARTICLE VII INCORPORATOR

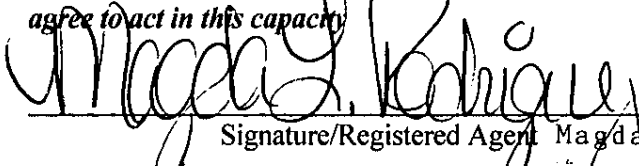
The name and address of the Incorporator is:

GUILLERMO N REYNOSO  
202 10th Wahneta Street West  
Winter Haven, Fl 33880

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

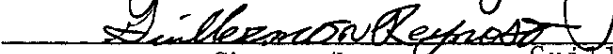
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent Magda L Rodriguez

1/1/2010  
Date



Signature/Incorporator Guillermo N Reynoso

1/1/2010  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

GUILLERMO N REYNOSO  
202 10TH WAHNETA ST WEST  
WINTER HAVEN, FL 33880

SUBJECT: ALL IN ONE REYNOSO SERVICES INC.  
Ref. Number: W10000000352

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALL IN ONE REYNOSO SERVICES 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

**PERCENTAGES ARE NOT ACCEPTABLE.**

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 310A00000272