

P10000084019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

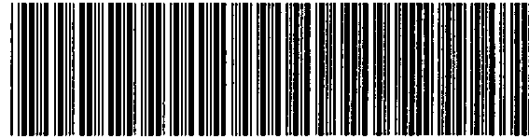
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 12 PM 4:37

FILED

APPROVED

1/11

COVER LETTER

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

SUBJECT: A PLUS WINDOW TINTING, 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: **ADRIANA PARRA**

Name (Printed or typed)

1090 SW GENERAL PATTON TERRACE

Address

PORT ST. LUCIE, FL 34953

City, State & Zip

772-475-0735

Daytime Telephone number

ANDRYEANAS@HOTMAIL.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: **A PLUS WINDOW TINTING, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2201 SE INDIAN STREET
BUILDING E-7
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
AUTO WINDOW TINTING SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ADRIANA PARRA, PRESIDENT**
Address: **1090 SW GENERAL PATTON TERR**
PORT ST. LUCIE, FL 34953

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

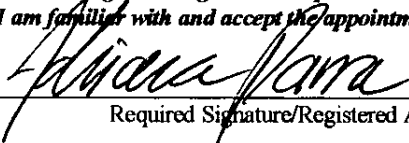
Name: **ADRIANA PARRA**
Address: **1090 SW GENERAL PATTON TERR**
PORT ST. LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ADRIANA PARRA**
Address: **1090 SW GENERAL PATTON TERR**
PORT ST. LUCIE, FL 34953

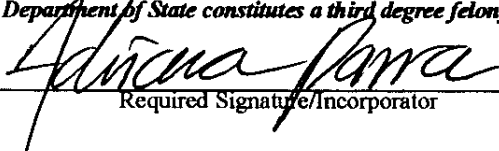
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/5/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10/5/2010

Date

10 OCT 12 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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