

P11000045764Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 MAY 11 PM 4:20
DIVISION OF CORPORATIONSFLORIDA PROFIT/NON PROFIT CORPORATION
A. ROMERO P.C. SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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11 MAY 11 PM 2:46
CLERK OF STATE
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Corporate Filing Menu

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May 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: A.ROMERO P.C. SERVICES INC.
REF: W11000026162*corrected!*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000128216
Letter Number: 211A00011676

P.O BOX 6327 - Tallahassee, Florida 32314

(2)

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME A.ROMERO P.C. SERVICES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 15220 DURNFORD DR
MIAMI LAKES FL 33014
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BUSINESS

ARTICLE IV SHARES
The number of shares of stock is 100 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: ANGEL L ROMERO PRESIDENT AND TREASURER Name and Title: _____
Address: 15220 DURNFORD DR Address: _____
MIAMI LAKES FL 33014
Name and Title: ARACELY ROMERO Name and Title: _____
Address: VICE-PRESIDENT Address: _____
15220 DURNFORD DR
MIAMI LAKES FL 33014
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: ANGEL L ROMERO
Address: 15220 DURNFORD DR
MIAMI LAKES FL 33014

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: ANGEL L ROMERO
Address: 15220 DURNFORD DR
MIAMI LAKES FL 33014

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

Angel Romero 5-9-11
Required Signature/Registered Agent 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.817.135, F.S.

Angel Romero _____
Required Signature/Incorporator Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA