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COVER LETTER

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

SUBJECT:	AA Florida Best Lock, In PROPOSED CORPORATE NAME-MUST INCLUDE SUFFI	
Enclosed are an or	riginal and one (1) copy of the articles of incorporation and a check fo	
\$70.00 Filing Fee	& Certificate of Status & Certified Copy Certified	Fee, ed Copy ificate of
FROM: _	Michael Rodriguez Name (Printed or typed) 0210 511 128 0100	
	9319 SW 138 Plac Address MIam, F7 33180, City, State & Zip 305-386-3655	91V:3
	Daytime Telephone number AAFION da Best @yahoo. co	71 1: 20 20 20

NOTE: Please provide the original and one copy of the articles.

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

The name of the cor	poration shall be: AA Flori	ida Best	Lock, Inc	,
	PRINCIPAL OFFICE Principal street address 9319 SW 138 Place Miami, F1 33186		Mailing address P.O. Box Mount	, if different is: 960451 H 33296-0451
	PURPOSE ich the corporation is organized is:	locksmit	n Service	SECRETARY OF COLF
ARTICLE IV S	SHARES s of stock is: 100			8 (A) C 00 27 P H 1: 20
Name and Titl Address:	initial officers and/or in the Michael Rodrigue; PO POX 940451 Michael Rodrigue;	2 , Prese Name Addre	ss:	
Name and Titl Address:	e Lely Rodriguez, Vic p. o Box 940451 Miami, Fi 3329	Addres	ss:	
Name and Titl Address:	le:		ss:	
		cceptable) of the regis DIACC 3184	tered agent is:	
	INCORPORATOR ess of the Incorporator is: MI Chael Roar 9319 SW 138 MI am F1 33	iquez Place 3186		
	as registered agent to accept service familiar with and accept the appointment of the app	tment as registered ag		
I submit this docum document to the Dep	nent and affirm that the facts stated over the facts stated over the facts at third of the facts at the facts at the facts at the facts at the facts stated over the facts at	l herein are true. I a degree felony as provi	m aware that the false ided for in s.817.155, F.S	information submitted in a S/19/11 Date