

P11000084964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

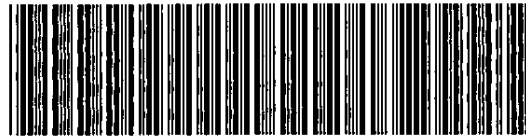
(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

11 SEP 28 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: ARM PRODUCTS, 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: ALICIA O. LOZANO
Name (Printed or typed)

913 SO. EMERALD DRIVE
Address

KEY LARGO FL 33037
City, State & Zip

305-619-0354
Daytime Telephone number

ALICIAINPARADISE@YAHOO.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

ARM PRODUCTS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
913 SO. EMERALD DRIVE
KEY LARGO FL 33037

Mailing address, if different from principal office address
P.O. BOX 372992
KEY LARGO FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To sell different products to the public.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALICIA O. LOZANO**
Address: **913 SO. EMERALD DRIVE**
KEY LARGO FL 33037

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: **ALICIA O. LOZANO**
Address: **913 SO. EMERALD DRIVE**
KEY LARGO FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Alicia O. LOZANO**
Address: **913 So. Emerald Drive**
Key Largo FL 33037

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

9/15/2011

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

9/26/2011

Date