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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

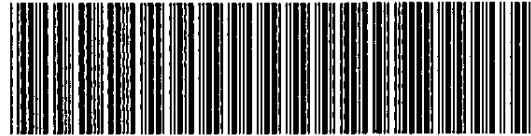
(Business Entity Name)

(Document Number)

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2011 OCT -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Burch OCT 6 2011

## COVER LETTER

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

**SUBJECT: A PASTORS CONSTRUCTION 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: A PASTORS CONSTRUCTION INC**

Name (Printed or typed)

**520 NW 35TH STREET SUITE 1**

Address

**POMPANO BEACH, FL 33064**

City, State & Zip

**954-867-8855**

Daytime Telephone number

**APASTORSCONSTRUCTIONINC@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)

**ARTICLE I NAME**

The name of the corporation shall be: **A PASTORS CONSTRUCTION INC**  
**520 NW 35TH STRET SUITE 1 POMPANO BEACH, FL 33064**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**520 NW 35TH STREET SUITE 1**  
**POMPANO BEACH, FL 33064**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**CONSTRUCTION SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **ANGEL PASTOR MENDEZ**  
Address: **520 NW 35TH STREET**  
**SUITE 1**  
**POMPANO BEACH, FL 33064**

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: **ANGEL PASTOR MENDEZ**  
Address: **520 NW 35TH STREET SUITE 1**  
**POMPANO BEACH, FL 3064**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ANGEL PASTOR MENDEZ**  
Address: **520 NW 35TH STREET SUITE 1**  
**POMPANO BEACH, FL 33064**

*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*

*A Pastor MENDEZ*  
Required Signature/Registered Agent

10/03/2011

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.*

*A Pastor MENDEZ*  
Required Signature/Incorporator

10/03/2011

Date

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