

711000093264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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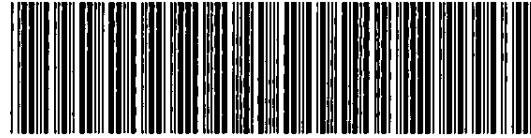
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/11--01017--008 **70.00

FILED
2011 OCT 25 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT. 26 2011

COVER LETTER

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

SUBJECT: All in One Service Plus, 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: Jean-Claude P. Cantave

Name (Printed or typed)

P.O. Box 551754

Address

Miami Gardens Florida 33055

City, State & Zip

305-623-1979

Daytime Telephone number

jccantave@haititradecenter.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ALL IN ONE SERVICE PLUS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph J. Jean, President
Address: 19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

Name and Title: _____
Address: _____

Name and Title: Joseph I. Jean, Secretary
Address: 19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

Name and Title: _____
Address: _____

Name and Title: Joseph J. Jean, Treasurer
Address: 19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

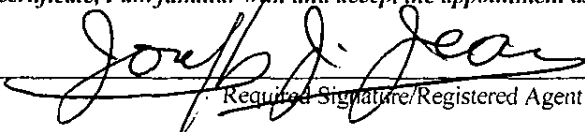
Name: Joseph J. Jean
Address: 19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph J. Jean
Address: 19567 NW 2nd Avenue
Miami Gardens, Florida 33169-3335

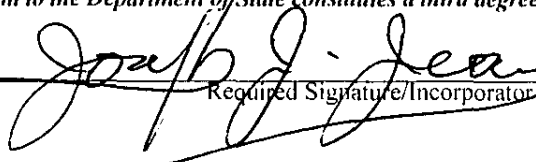
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10-19-2011

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

10-19-2011

Date

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