

P11000109220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

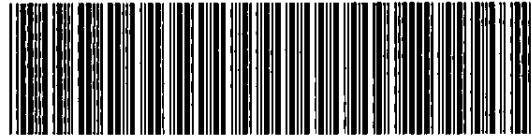
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900215319929

12/29/11--01044--008 \*\*87.50

FILED  
2011 DEC 29 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 30 2011

## COVER LETTER

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

**SUBJECT: AK Wholesale & Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Keren Palomino

Name (Printed or typed)

1201 NE 191 Street, apt 220

Address

Miami, FL 33179

City, State & Zip

305-877-2948

Daytime Telephone number

kerenpalomino@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** AK Wholesale & Services INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1201 NE 191 Apt 220  
Miami, FL 33179

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Buy and Sell

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Keren Palomino- President  
Address: 1201 NE 191 Street, apt 220  
Miami, FL 33179

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Alberto Palomino- Vice President  
Address: 1201 NE 191 Street, apt 220  
Miami, FL 33179

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: Keren Palomino  
Address: 1201 NE 191 Street, apt 220  
Miami, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Keren Palomino  
Address: 1201 NE 191 Street, apt 220  
Miami, FL 33179

*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*

Keren Palomino  
Required Signature/Registered Agent

12/27/2011  
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.*

Keren Palomino  
Required Signature/Incorporator

12/27/2011  
Date

FILED  
2011 DEC 29 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA