

P1200013454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

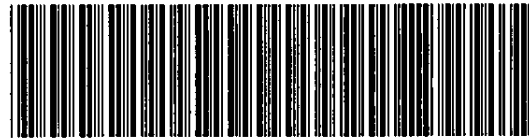
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400220555174

02/08/12--01019--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -8 PM 2:19

PS 2/2/12

COVER LETTER

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

SUBJECT: A & B OPERATION 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

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROSA E. LEON

Name (Printed or typed)

16132 NW 14TH COURT

Address

PEMBROKE PINES, FL 33028

City, State & Zip

9544360936

Daytime Telephone number

ICRLEON@BELLSOUTH.NET

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

A & B OPERATION SERVICES INC.

12 FEB -8 PM 2:19

ARTICLE II PRINCIPAL OFFICE

Principal street address

11839 SW 154TH AVE.
MIAMI, FL 33196

Mailing address, if different is:

P.O. BOX 960189
MIAMI, FL 33296

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLIGHT AND CARGO OPERATIONS AUTHORIZED UNDER THE LAWS OF FLORIDA STATE.

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX BURGOS TAVARA - P T
Address: 11839 SW 154TH AVE.
MIAMI, FL 33196

Name and Title: _____
Address: _____

Name and Title: ANIA A. LANDA - VS
Address: 11839 SW 154TH AVE.
MIAMI, FL 33196

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: ROSA E. LEON
Address: 16132 NW 14TH COURT
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSA E. LEON
Address: 16132 NW 14TH COURT
PEMBROKE PINES, FL 33028

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

FEBRUARY 6th, 2012

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

FEBRUARY 6th, 2012

Date