(Requestor's Name) (Address)	600219221946
(Address) (City/State/Zip/Phone #)	. مودر
PICK-UP WAIT     (Business Entity Name)        (Document Number)     Certified Copies   Certificates of Status   Special Instructions to Filing Officer:   Office Use Only	02/06/1201029026 **87.50 12 MAR - 2 PH 12: 25 300 300 300 300 300 300 300 300 300 30

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## **COVER LETTER**

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

# SUBJECT: Fernandez Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
ADDITIONAL C	Status OPY REQUIRED

FROM: Aramis Fernandez

Name (Printed or typed)

10765 SW 108th Ave., apt. 102 Address

Miami, FL, 33176

City, State & Zip

305-2794121

Daytime Telephone number

aramis0921@aol.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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## RECEIVED 12 MAR-2 AMII: 55

FLORIDA DEPARTMENT OF STATE WYSION & CORPORATIONS

February 7, 2012

ARAMIS FERNANDEZ 10765 SW 108TH AVE APT 102 MIAMI, FL 33176

SUBJECT: FERNANDEZ CORPORATION Ref. Number: W12000007300

We have received your document for FERNANDEZ CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

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Letter Number: 612A00005098

www.sunbiz.org

Division of Componentiana, BO BOY 6297 Tallahaasaa Flamida 20214

## **ARTICLES OF INCORPORATION**

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

#### ARTİCLE I NAME

Aramis Fernandez Corporation The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

Principal street address 10765 SW 108th Ave., apt. 102 Miami, FL, 33176

Mailing address, if different is:

N

PH 12:

## ARTICLE III\_ PURPOSE

The purpose for which the corporation is organized is: Self-employed as an independent contractor

#### ARTICLE IV SHARES

The number of shares of stock is:100

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

	Address:
Name and Title:Address:	Name and Title:
	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:	Aramis Fernandez
Address:	10765 SW 108 Ave # 102
	Miami, Fl. 33176

#### ARTICLE VII INCORPORATOR

Name: Address:

The name and address of the Incorporator is:

Aramis Fer	nandez
10765 SW	108th Ave., apt. 102
Miami, FL,	33176

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

Hramis Fernandez Required Signature/Registered Agent

2/15/12 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 Reparament of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hramis Fernandez Required Signature/Incorporator

2/15/12 Date

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