P12000067377

(Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
•	

Office Use Only



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06/25/12--01039--007 **87.50

SECRETARY OF STATE

COVER LETTER

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

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

\$70.00 \$78.75
Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Lara Name (Printed or typed)

9300 Forest Hills Drive Address

Tampa FL 33.612
City, State & Zip

B13 528 6440
Daytime Telephone number

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



RECEIVED
12 AUG -3 AM 10: 22

SECRETARTI OF STATE TALLAHASSEE, FLORIDA

June 27, 2012

LARA NATASHA BONETA 9306 FOREST HILLS DRIVE TAMPA, FL 33612

SUBJECT: A+ PERSONAL COORDINATOR CORP.

Ref. Number: W12000034566

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

Please insert the name of the corporation in Article 1.

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 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) 245-6052.

Diane Cushing Regulatory Specialist II Supervisor

Letter Number: 912A00017579

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

The name of the corporation shall be: A+ Personal Coordinator Corp.			
PRINCIPAL OFFICE Principal street address 9306 Forest Hills Drive Tampa FL 33612	Mailing address, if differer	it is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
ARTICLE IV SHARES The number of shares of stock is:			
Name and Title: La ra Late Sha by 0+a Address: Chilf officers And/or directors Address: Chilf officer 930(0 fovest hills br Tompa FL 33/0/2			
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 Name: Address: Address:	SECRETARY TALLAHASSE		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Name: 1000 Forest Hills Drive 1000 FL 33012	OF STATE EE, FLORIDA	in O	
Having been named affectivered 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 I submit this/document and affirm that the facts stated herein are to	rue. I am aware that the false informatio	Date on submitted in a	
document to the Department of State constitutes a third degree felony		15.12 Date	