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(Requestor's Name)				
(Address)				
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Spicewood Recovery,	Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Mario J. Garcia	e (Printed or typed)	
23401 SW 154 Ave		
	Address	
Homestead, FL 33032 City,	State & Zip	
305-345-0355 Daytime T	clephone number	
airrescueinc@gmail.com E-mail address: (to be use	l d for future annual report	notification)

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

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

ARTICLE I N The name of the corpo	NAME Spicewood Recovery, oration shall be:	Inc.	
ARTICLE II P	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
	401 SW 154 Ave		
HΩ	mestead, FL 33032	 	
			
ARTICLE III PU			
	ch the corporation is organized is:		
"Professional C	orporation		A≜SE 75
			SEP CRET
			美国 蜀 冊
			多第 5 戸
ADMINI DI III	TI A DEC		
ARTICLE IV S The number of shares			* i
the number of shares	of stock is.10,000		
	<u>NITIAL OFFICERS AND/OR DIRECTO</u>		₹ <u></u> %
	Mario J. Garcia PRESIDENT	Name and Title:	្តីបាក ហា
Address:	23401 SW 154 Ave		
	Homestead, FL 33032		
			
Name and Title	S	Name and Title:	
Address:		Address:	
	× <u> </u>		
Address:		Address:	
			
	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable)		
Name: Address:	Mario J. Garcia 23401 SW 154 Ave		
ridaress.	Homestead, FL 33032		
			
	NCORPORATOR		
`	ss of the Incorporator is:		
Name: Address:	Mario J. Garcia 23401 SW 154 Ave	_	
Add 033.	Homestead, FL 33032		
	as registered agent to accept service of proce familiar with and accept the appointment as re		
	unadar yan dip decept the appointment as re	gisierea ageni ana agree io	uce in this capacity
MARIA	n & Dania		9/5/12
- I was	Required Signature/Registered Agent		Date
	()		
	ent and affirm that the facts stated herein ar		
uocumeni to the Depa ///	artment of State constitutes a third degree felo	ny as proviaea jor in s.817.1	33, F.S.
Min	1 Marie		9/5/12
- HANO	Required Signature/Incorporator		9/5/12 Date
	/ I Tomara meet person		~~ ~~ ~