

PI 20000866ff

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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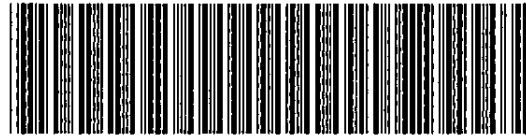
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/27/12--01012--007 **70.00

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12 OCT 12 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers OCT 15 2012

W12-49895
2557



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2012

DOMENICK PACE JR
5202 11TH AVE S
GULFPORT, FL 33707

SUBJECT: AARGO INC.
Ref. Number: W12000049895

We have received your document for AARGO INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 012A00024209

COVER LETTER

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

SUBJECT: AARCO 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: DOMENICK PACE JR.
Name (Printed or typed)
5202 11th Ave S.
Address
Gulf Port FL 33707
City, State & Zip
727-244-3931
Daytime Telephone number
PACEDOM17@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

The name of the corporation shall be: AARGO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5202 11th Ave S.
GULFPORT FL. 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Conduct A Proper Legal Business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMENICK PACE PRES Name and Title:

Address: 5202 11th Ave S. Address:

GULFPORT FL. 33707

Name and Title: SHORRI PARHAM VICE PRES Name and Title:

Address: 5202 11th Ave S. Address:

GULFPORT FL. 33707

Name and Title: Name and Title:

Address: Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DOMENICK PACE

Address: 5202 11th Ave S.
GULFPORT FL. 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOMENICK PACE

Address: 5202 11th Ave S.
GULFPORT FL. 33707

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

Domick Pace

Required Signature/Registered Agent

10/7/12

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Domick Pace

Required Signature/Incorporator

9/24/12

Date

12 OCT 12 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED