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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers OCT 17 2012

## COVER LETTER

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

SUBJECT: DOUBLE A-T, 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: ANDREW TRAKAS  
Name (Printed or typed)

P.O. Box 1151  
Address

Winter Haven, FL 33882  
City, State & Zip

(863) 299-5675  
Daytime Telephone number

andrew.trakas@verizon.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)

## ARTICLE I NAME

The name of the corporation shall be: DOUBLE A-T, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
123 Avenue C, S.W.  
Winter Haven, FL 33880

Mailing address, if different is:  
P.O. Box 1151  
Winter Haven, FL 33882

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful purposes

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Trakas, Pres.  
Address: P.O. Box 1151  
Winter Haven, FL 33882

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Adrienne Trakas Sec/Treas  
Address: P.O. Box 1151  
Winter Haven, FL 33882

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: Andrew Trakas  
Address: 123 Avenue C, S.W.  
Winter Haven, FL 33880

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew Trakas  
Address: P.O. Box 1151  
Winter Haven, FL 33882

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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

Andrew Trakas  
Required Signature/Registered Agent

October 15, 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.

Andrew Trakas  
Required Signature/Incorporator

October 15, 2012  
Date