

P12000093819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

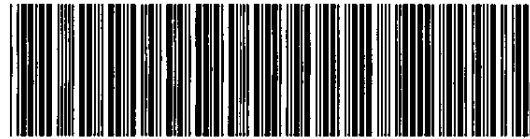
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/15/12--01018--005 \*\*78.75

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
12 NOV -9 AM 11:58

WP-53230

K 11/13/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

12 NOV -9 AM 10: 57

October 17, 2012

A & A DISTRIBUTORS, INC.  
3641 NW 19 STREET  
MIAMI, FL 33125

SUBJECT: A & A DISTRIBUTORS, INC.  
Ref. Number: W12000053230

We have received your document for A & A DISTRIBUTORS, INC. and your check(s) totaling \$78.75. 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.**

The document number of the name conflict is L10000024800 (A & A DISTRIBUTOR LLC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Thomas Chang

## COVER LETTER

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

SUBJECT: A & A Distributors, 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: A & A Distributors, Inc

Name (Printed or typed)

3641 NW 19 Street

Address

Miami, FL 33125

City, State & Zip

305-299-6160

Daytime Telephone number

aricolt@hotmail.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:

~~A & A Distributors, Inc.~~ **A & A Distributors of West Dade, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3641 NW 19 Street

Miami, FL 33125

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Products Distributor

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Antonio Ricolt, president

Address: 3641 nw 19 street

miami, fl 33125

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

Address: \_\_\_\_\_

Name and Title: Ana Ricolt, vice President

Address: 3641 nw 19 street

miami, fl 33125

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: Antonio Ricolt

Address: 3641 nw 19 Street

Miami, FL 33125

**ARTICLE VII INCORPORATOR**

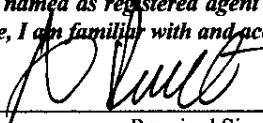
The name and address of the Incorporator is:

Name: Antonio Ricolt

Address: 3641 NW 19 street

Miami, FL 33125

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

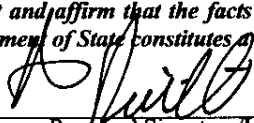


Required Signature/Registered Agent

10-9-12

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.



Required Signature/Incorporator

10-9-12

Date