

P130000011973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: AT Your Service Orlando Incorporated  
(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: Luis Cuevas -> AT Your Service Orlando Inc.  
Name (Printed or typed)

14355 Bending branch Ct  
Address

Orlando FL 32824  
City, State & Zip

321-695-4982  
Daytime Telephone number

Cuevas95@AOL.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: AT Your Service Orlando Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14355 Bending branch ct.  
Orlando FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help organize transportation,  
dinner reservations, daily Activities, hotel Rooms  
and possible other tourist fun.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Luis Cuevas PRES Name and Title: \_\_\_\_\_

Address: 14355 Bending Branch ct. Address: \_\_\_\_\_  
Orlando FL  
32824

Name and Title: JAMES MATTOS VP Name and Title: \_\_\_\_\_

Address: 1166 Willow branch dr. Address: \_\_\_\_\_  
Orlando FL  
32828

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

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

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TALLAHASSEE FLORIDA

(conti.)

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:

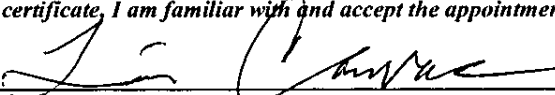
Name: Luis Cuevas  
Address: 14355 Bending branch ct.  
Orlando FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

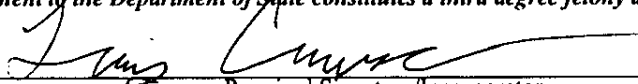
Name: Luis Cuevas  
Address: 14355 Bending branch ct.  
Orlando FL 32824

*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

1/29/13  
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

1-29-13  
Date

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