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COVER LETTER

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

SUBJECT:	A&A HOSPITALITY	SERVICES, INTERNAME-MUSTINGL	VC.		
	(PROPOSED CORPORA	YFE NAME – <u>Must Incl</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation an	d 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 CO	DPY REQUIRED		
FROM:		RAU e (Printed or typed)			
	3118 N W	SOPROW AVE.		13	SIVIO
	· TANDA, FL	33603 State & Zip	 -	FEB II	SION OF CO
	(813) - 7 Daytime	27 - 2426 Telephone number	·	AM 11: 28	OF STAI OF STAI)RP@RAT
	B-mail address: (to be use	22@ UAHOO. d for future annual report	COM notification)	œ	SNO

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)

The name of the corpo	STANCED A F CENTER OF			
ARTICLE II P	Principal <u>street</u> address	Mailing addre	Mailing address, if different is:	
3118 N WO	ODROW AVE			
TAMPA FL	33603			
	RPOSE	CONTRACT GUNDENN I	THE STATE OF	
	the corporation is organized is:			
CORTISA HS	A RESTARANT CONSULTIN	C COND-HIOQ .		
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			3	
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			13 FEB 1	
	HARES of stock is: 100		13 FEB II A	
The number of shares	of stock is: OC		13 FEB II AMILI	
The number of shares	of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		I AMIL: 20	
The number of shares of shares of shares of shares of share and Ti	of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTO tle: JUSTIN GRAY / PRINCUPAL	Name and Title:	I AMIL: 20	
The number of shares	of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTO tle: JUSTIN GRAY / PRINCIPAL 3118 N WOLDROW AUF	Name and Title:	I AMIL: 20	
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The number of shares of shares of shares of the share and Tine Address	OF STOCK IS: 100 INTIAL OFFICERS AND/OR DIRECTO THE: JUSTIN GRAY / PRINCIPAL 3118 N. WONDROW AUE TAMPO FL 33603	Name and Title: Address:	I AMIL: 28	
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ARTICLE V IN Name and Ti Address Name and Tit Address	ITTIAL OFFICERS AND/OR DIRECTO ILE: JUSTIN GRAY / PRINCIPAL 3118 N WONDROW AUF TAMPO FL 336.03	Name and Title: Address: Name and Title: Address:	F CORPORATIONS	
ARTICLE V IN Name and Ti Address Name and Tit Address	ITTIAL OFFICERS AND/OR DIRECTO Itle: JUSTIN GRAY / PRINCIPAL 3118 N WXXXXX AVE TAMPO FL 33603	Name and Title: Address: Name and Title: Address: Name and Title:	IF CORPORATIONS	

Name an	d Title:	Name and Title:
Address	<u> </u>	Address:
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	Sign of the state
Address:	3118 N WIDROW RUE	ಎ ರಕ
	TAMPA FL 33603	ORP®
ARTICLE VII	INCORPORATOR	AH II: 28
The name and ad	Idress of the Incorporator is:	ta ta
Name:	JUSTIN GRAY	_
Address:	3118 N WOODPOUL PLE	_
	TAMPA FL 33603	-
Having been nan this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	
	Required Signature/Registered Agent	1/31/2013 Date
I submit this doc document to the		true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S. \[\lambda \frac{1}{31} \left \frac{2013}{Date} \]