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(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	}
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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J. 911/9 FEB 25 2013



February 15, 2013

A POLO AND ASSOCIATES INC 220 SW 56TH TERR BLDG 4-202 MARGATE, FL 33068

SUBJECT: A POLO AND ASSOCIATES INC

Ref. Number: W13000009492

We have received your document for A POLO AND ASSOCIATES 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 113A00003791

COVER LETTER

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

SUBJECT:	A POLO AND ASSOCIATES 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 CO	PPY REQUIRED

FROM:	A POLO AND ASSOCIATES INC		
	Name (Printed or typed)		
	220 SW 56TH TERRACE BLDG 4-202		
	Address		
	MARGATE, FL 33068		
	City, State & Zip		
	754-245-3182		
	Daytime Telephone number		

APOLOANDASSOCIETES@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 II PI	RINCIPAL OFFICE Principal street address	М	failing address, if di	fferent is:	
220 SW 56TH TERR					
BLDG 4-202					
MARGATE,	FL 33068				
ARTICLE III PU	RPOSE at the corporation is organized is:	CES PROV	IDER		
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		, ,			
				S.	
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					FEB
ARTICLE IV SI	IARES 1000			HOIE169Y	
ARTICLE IV SI The number of shares	IARES 1000	······		HOTE WAY OF O	22
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u> </u>		KUIRINAY OF STATI ALIAHASSEE, FLORID	22
		S Name and Title:_		KOIRINAY OF STATE ALLAHASSEE, FLORIDA	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	_		KOTETARY OF STATE	22
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR tle: ALFREDO POLO TORRES	Name and Title:_		KOTETARY OF STATE ALLAHASSEE, FLORIDA	22
ARTICLE V IN	TITIAL OFFICERS AND/OR DIRECTOR tle: ALFREDO POLO TORRES 220 SW 56TH TERRACE	Name and Title:_		KOREINAY OF STATE ALLAHASSEE, FLORIDA	22
ARTICLE V IN Name and Ti Address	ALFREDO POLO TORRES 220 SW 56TH TERRACE BLDG 4-202	Name and Title:_ Address: _		LLAHASSEE FLORIDA	22 AMII: 02
ARTICLE V IN Name and Ti Address	ALFREDO POLO TORRES 220 SW 56TH TERRACE BLDG 4-202 MARGATE, FL 33068	Name and Title:_ Address: Name and Title:_			22 AM II: 02
ARTICLE V IN Name and Ti Address	ALFREDO POLO TORRES 220 SW 56TH TERRACE BLDG 4-202 MARGATE, FL 33068	Name and Title:_ Address: Name and Title:_			22 AM II: 02
ARTICLE V IN Name and Ti Address	ALFREDO POLO TORRES 220 SW 56TH TERRACE BLDG 4-202 MARGATE, FL 33068	Name and Title:_ Address: Name and Title:_			22 AM II: 02
Name and Ti Address Name and Tit Address	ALFREDO POLO TORRES 220 SW 56TH TERRACE BLDG 4-202 MARGATE, FL 33068	Name and Title:_ Address: Name and Title:_ Address:			22 AMII: 02

Name an	d Title:	Name and Title:
Address		Address:
,		
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ALFREDO POLO TORRES	
Address:	220 SW 56TH TER 4-202	_
	MARGATE, FL 33068	_
	•	
ARTICLE VII	<u>INCORPORATOR</u>	_, →
The name and ac	Idress of the Incorporator is:	3 FE
Name:	ALFREDO POLO TORRES	- 第6
Address:	220 SW 56TH TER 4-202	E SEPTION AND THE SEPTION AND
	MARGATE, FL 33068	AM II: 02 OF STATE FLORIDA
		O 2
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in
ALFR	Required Signature/Registered Agent	02/01/2013
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
ALFR	EDO Polo TORRES. Required Signature/Incorporator	02/01/2013
	Required Signature/Incorporator	Date