

P/3000026260

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(Business Entity Name)

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13 MAR 20 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/21/13

## COVER LETTER

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

SUBJECT: Leeward Isles Recovery, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Mario Garcia

Name (Printed or typed)

23401 SW 154 Ave

Address

Homestead, FL 33032

City, State & Zip

305-345-0355

Daytime Telephone number

airrescueinc@gmail.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: Leeward Isles Recovery, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

23401 SW 154 Ave

Homestead, FL 33032

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: "Professional Corporation"

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Robert G Harden / President

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

Address

9260 SW 142 ST

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

Miami, FL 33176

Name and Title: Mario Garcia / Treasurer

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

Address

23401 SW 154 Ave

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

Homestead, FL 33032

Name and Title: Juan Pug / Secretary

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

Address

18768 SW 79 Ave

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

Miami, FL 33157

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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: Mario Garcia  
Address: 23401 SW 154 Ave  
Homestead, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mario Garcia  
Address: 23401 SW 154 Ave  
Homestead, FL 33032

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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*

Mario J. Garcia  
Required Signature/Registered Agent

9-19-2013

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.*

Mario J. Garcia  
Required Signature/Incorporator

9-19-2013

Date