

P 13000036098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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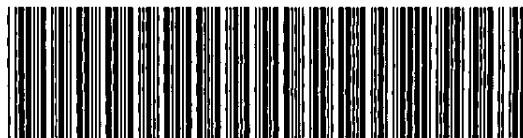
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
13 APR 19 PM 2:16

4/22/13

COVER LETTER

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

SUBJECT: Old Cutler Lakes By The Bay 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 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: 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)

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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: Old Cutler Lakes By The Bay 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

Name and Title: _____

Address 9260 SW 142 ST
Miami, FL 33176

Address: _____

Name and Title: Mario Garcia

Name and Title: _____

Address 23401 SW 154 AVE
Homestead, FL 33032

Address: _____

Name and Title: Juan Pug

Name and Title: _____

Address P. O. Box 560062
Miami, FL 33256-0062

Address: _____

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(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


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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

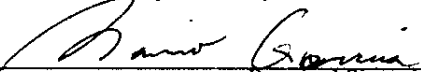
Name: Mario Garcia
Address: 23401 SW 154 AVE
Homestead, FL 33032

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

4-15-13
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

4-15-13
Date