

Aug 21 2013 12:05 PM
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: DAVID.CPA@TAMPABAY.PA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
AGUILA MANAGEMENT COMPANY, INC

Certificate of Status	1
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No. 7483 - P. 2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

13 AUG -2 AM 11:29

ARTICLE I NAME
The name of the corporation shall be: AGUILA MANAGEMENT COMPANY, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

2207 54TH ST S
GULFPORT, FL 33707

Mailing address, if different is:

229 OLD STREET
FAYETTEVILLE, NC 28301

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO OPERATE A MANAGEMENT COMPANY AND
ANY OTHER LEGAL BUSINESS IN THE STATE.

ARTICLE IV SHARES
The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARLOS AGUILA PST</u>	Name and Title:	_____
Address	<u>229 OLD STREET</u>	Address:	_____
	<u>FAYETTEVILLE, NC 28301</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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No. 7483 P. 3
SECRETARY OF STATE
DIVISION OF CORPORATIONS
(cont.)

13 AUG -2 AM 11:29

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S

GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

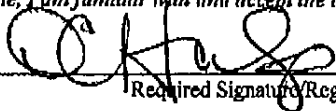
The name and address of the Incorporator is:

Name: DAVID C HASTINGS

Address: 2207 54TH ST S

GULFPORT, FL 33707

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

08/02/13

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

08/02/13

Date

H130001722473