P13000091729

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

75 n/g



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13 DEC -6 PM 3: 20

COVER LETTER

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

SUBJECT: AMERICA 4 ALL CO	ORP	UDF SUFFIX)
Enclosed are an original and one (1) copy of the art		.
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: MARIA E RUIZ		

M:	MARIA E RUIZ
	Name (Printed or typed)
	7750 SW 117TH AVE SUITE 201D
•	Address
	MIAMI FLORIDA 33183
	City, State & Zip
	305 595-2407
	Daytime Telephone number
	MARIAQUIROS9@HOTMAIL.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)

	tion shall be: AMERICA 4 ALL C				
<u>ARTICLE II PRI</u> 10950 SW 42	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is: 7750 SW 117TH AVE SUITE 201D			
MIAMI FLORI	MI FLORIDA 33165 MIAMI FLORIDA 33183			3	
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	ID ALL LE	GAL PURPOSE	S	
				13 DEC	DIVISION
ARTICLE IV SH. The number of shares of	ARES 100 @ 1.00			3-5 PM S. 20	OF CORPORATIONS
ARTICLE V INI	tial officers and/or director e: AMERICA RUIZ, PRES		JESSICA RUIZ		
Address	10950 SW 42 STREET MIAMI FLORIDA 33165	_ Address:	10950 SW 42 ST		—
		=			
Name and Title Address	s:	_ Address:	:		

...

Name and Title:		Name and Title:		
Address		Address:		
	·			
ARTICLE VI	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:		
Name:	AMERICA RUIZ	_		
Address:	10950 SW 42 STREET	~		
	MIAMI FLORIDA 33165	_		
			_ _	
ARTICLE VII	INCORPORATOR		SECI SICIVISION	
The name and address of the Incorporator is:				
Name:	AMERICA RUIZ		ILEI KRY (COF	
Address:	10950 SW 42 STREET	_	OF STARPORA	
	MIAMI FLORIDA 33165	_	ATE ATTIONS	
Having been nam	ned as registered agent to accept service of proces. In familiar with and accept the appointment as re	gistered agent and agree to act in this	capacity	
- White		11/	11/25/2013	
4400-1	Required Signature/Registered Agent		Date	
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware that the false infor ny as provided for in s.817.155, F.S.	mation submitted in a	
Min		11	/20/2013	
* dhim	Required Signature/Incorporator		Date	

November 26, 2013

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

Re: P05000154041 America 4 All Corp

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Notary Public State of Florida Jose L Ruiz My Commission EE079888

Expires 03/31/2015