

P13000099698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

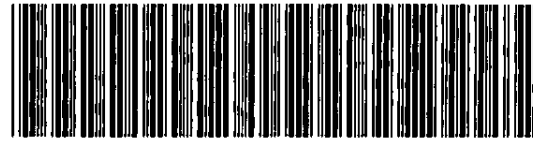
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 PM 12:44

Ps 12/16/13

COVER LETTER

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

SUBJECT: ANN HOLDINGS.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: Annaliett Valdes
Name (Printed or typed)
10947 W Okeechobee RD Apt 202
Address
Hialeah Gardens, Florida 33018
City, State & Zip
786-205-0317
Daytime Telephone number
Annaliett85@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)

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ARTICLE I NAME
The name of the corporation shall be: ANN HOLDINGS.INC

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

10947 W Okeechobee RD APT 202
Hialeah Gardens, FL 33018

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Retail

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Annaliett Valdes President</u>	Name and Title:	_____
Address	<u>10947 W Okeechobee RD Apt 202</u>	Address:	_____
	<u>Hialeah Gardens, FL 33018</u>		_____

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

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

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

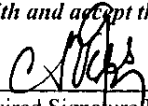
Name: Annaliett Valdes
Address: 10947 W Okeechobee RD Apt 202
Hialeah, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Annaliett Valdes
Address: 10947 W Okeechobee RD Apt 202
Hialeah Gardens, FL 33018

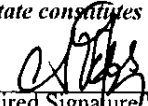
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/11/2013

Date

I understand that submitting false information to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12/11/2013

Date