

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000081333 3)))



H14000081333AEDX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (786) 409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR -4 PM 12:19

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL AMERICAN MOVING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
14 APR -4 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date 4/7*

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

H14000081333

**ARTICLE I NAME**

The name of the corporation shall be: ALL AMERICAN MOVING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7601 E Treasure Dr.

Same

#1812, Miami Beach, FL

33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful Business

14 APR - 4 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CEO - Daniel Harin Name and Title: \_\_\_\_\_

Address 7601 E Treasure Dr. Address: \_\_\_\_\_  
#1812, Miami Beach  
FL, 33141

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

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

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

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

H14000081333

H14000081333. (cont.)

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: Daniel Karin  
Address: 7601 E Treasure Dr.  
# 1812, Miami Beach, FL, 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daniel Karin  
Address: 7601 E Treasure Dr. # 1812  
Miami Beach, FL, 33141

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

[Signature]  
Required Signature/Registered Agent

04/09/2014  
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.

[Signature]  
Required Signature/Incorporator

04/09/2014  
Date

H14000081333.

FILED  
14 APR -4 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA