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(Converted Nome)
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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

_{SUBJECT:} A &	J SOD INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	
FROM: J (DRGE L.SERRA	JR e (Printed or typed)	
82	255 SW 99 CT		
		Address	
M	IAMI, FL. 33173		
	City,	, State & Zip	
30)5-525-7647		
<u></u>	Daytime T	Celephone number	
ajs	od71@gmail.com		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



April 30, 2014

JORGE L. SERRA JR 8255 SW 99 CT MIAMI, FL 33173

SUBJECT: A & J SOD INC. Ref. Number: W14000027265

We have received your document for A & J SOD INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 514A00009236

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

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: A & J SOD INC.		OVISION OF GROUPS.
ARTICLE II PRI	NCIPAL OFFICE Principal street address	2014 MAY 12 PM 2:
8255 SW 99 C MIAMI, FL. 33		
• =	POSE the corporation is organized is: LAWFUL BUSINESS	
	TIAL OFFICERS AND/OR DIRECTO	DRS
Name and Title	JORGE L.SERRA JR	Name and Title:
Address	8255 SW 99 CT MIAMI, FL. 33173	Address:
Name and Title:		Name and Title:
Address		
Name and Title:		Name and Title:
Address		Address:

SELECTARY OF LEAST

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JORGE L.SERRA JR.	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: JORGE L.SERRA JR.	
Address: 8255 SW 99 CT	
MIAMI, FL. 33173	
The name and address of the Incorporator is: Name: Touge h. Sema IR. Address: 8255 Sw 99 ct. Higmi, FL. 33173	
Having been named as registered agent to accept service of process for the above stated corporation at the place destitution this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ignated in
Required Signature/Registered Agent Date	<u> 4 </u>
I submit this document and affirm that the facts stated herein are true. I am aware that the fulse information subm	nitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	