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(Requ	estor's Name)	
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PICK-UP	∐ WAIT	MAIL
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(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT: A PLUS AFFORDABLE TINTING, 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	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		,	Status	
		ADDITIONAL CO	PY REQUIRED	

EDOM:	JAMES BERNAL
rkowi.	Name (Printed or typed)
	324 SE BLOXHAM WAY
	Address
	STUART, FL. 34997
	City, State & Zip
	772 634-8369
	Daytime Telephone number
	jamesbernal@hotmail.com

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)

The name of the corpora		DABLE TINTING	S, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 300 N. OLD DIXIE HWY		Mailing address, if different is:	
UNIT #107			
JUPITER, FL	. 33458		
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is:	W TINTING IN	STALLATIONS
-			
			38 38 4
ARTICLE IV SHA The number of shares of ARTICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:	HAY 19 AN 8: 43 RETARY OF STATE ANASSEE, FLORIDA
Address		Address:	
Name and Title	STUART, FL. 34997		
Name and Title	:	Name and Title:	
Address			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Address:	324 SE BLOXHAM WAY	
	STUART, FL. 34997	NECRE
ARTICLE VII	INCORPORATOR	FILE RETARY CANASSEE
The name and ad	dress of the Incorporator is:	æÿ ≥ Ü
Name:	JAMES BERNAL	(<u>a</u>
Address:	324 SE BLOXHAM WAY	OA E &
	STUART, FL. 34497	_
this certificate, I d	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in distered agent and agree to act in this capacity 5-02-14
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
()	ues Permal	5-02-14
	Required Signature/Incorporator	Date