

P 14000046620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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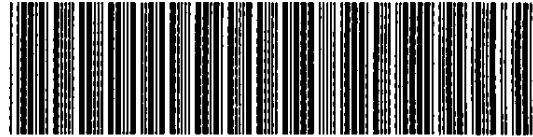
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01023--019 **78.75

14 MAY 27 AM 8:19
CLERK OF COURT
DIVISION OF INFORMATION

COVER LETTER

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

SUBJECT: A PLUS EXCLUSIVE 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
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ADRIANA P. CAMPOS
Name (Printed or typed)
4581 SW FLORAL ST.
Address
PORT ST. LUCIE, FL. 34953
City, State & Zip
561 444-6929
Daytime Telephone number
andryeanas@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)

ARTICLE I NAME

The name of the corporation shall be: A Plus Exclusive Tinting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1841 Church St.

West Palm Beach, FL 33409

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Window Tinting Installations.

ARTICLE IV SHARES 1

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adriana P. Campos

Address: 4581 SW Floral St.

Port St. Lucie, FL 34953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
CLERK OF DISTRICT COURT
DIVISION OF REVENUE
14 MAY 27 AM 8:19

(conti.)

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: Adriana P. Campos

Address: 4581 SW Floral St.

Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Adriana P. Campos

Address: 4581 Sw Floral St.

Port St. Lucie, FL 34953

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

Adriana Campos
Required Signature/Registered Agent

04-29-14

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.

Adriana Campos
Required Signature/Incorporator

04-29-14

Date