000

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(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: AJ7	2 & Associates,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	
30	031 So. Atlantic A	Ave. #102	11 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +
C	ocoa Beach, FL		
32	218632533	·	
<u>m</u>	onicat@ajt.com	elephone number d 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)

	ME tion shall be: AJT2 @ Associate NCIPAL OFFICE Principal street address	Mailing address, if different is:		
3031 So. Atlar	ntic Ave.			
#102				
Cocoa Beach	, FL 32931			
ARTICLE III PUR The purpose for which t other corporal	POSE he corporation is organized is:Toprovidents.	vide services ar	nd products to oth	er
ARTICLE V INIT	Monica I. Teran	S Name and Title:		A STATE OF THE STA
	Monica I. Teran 3031 So. Atlantic Ave.		- 9	
ARTICLE V INIT	Monica I. Teran	Name and Title:	-9 PH	STORY OF THE STORY
ARTICLE V INIT	Monica I. Teran 3031 So. Atlantic Ave.	Name and Title:	-9 PH 12: 5	
ARTICLE V INIT Name and Title Address	Monica I. Teran 3031 So. Atlantic Ave.	Name and Title: Address: Name and Title:	-9 PHIZ: 59	

Name	and Title:	Name and Title:
Addre	ess	Address:
Name.	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of Monica I. Teran 3031 So. Atlantic Ave. #102	
Address:	Cocoa Beach, FL 32931	JUN -9
The name and address of the Incorporator is:		9 PM 12: 59
Name:	Monica I. Teran 3031 So. Atlantic Ave. #102	
Address:	Cocoa Beach, FL 32931	
	amed as registered agent to accept service of process I am familiar with quaaccept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
41		05/27/14
Required Signature/Registered Agent		Date
	locument and affirm that the facts stated herein are i ne Deportment of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
111	in	05/27/14
	Required Signature/Incorporator	Date