

P14000051787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

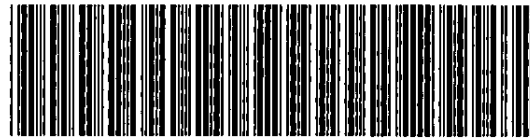
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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Aress Corp.

(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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Maud Poudat

Name (Printed or typed)

2816 E. Robinson Street

Address

Orlando, FL 32803

City, State & Zip

(407) 373-0994

Daytime Telephone number

alu.antilles@wanadoo.fr

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: Aress Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

6925 Lake Ellenor Drive

Suite 502; Building 5

Orlando, FL 32809

Mailing address, if different is:

6925 Lake Ellenor Drive

Suite 502, Building 5

Orlando, FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephane Bambadjian, President

Address: 9 rue de Campeche-Dampierre
97190, Le Gosier
Guadeloupe

Name and Title: _____

Address: _____

Name and Title: Sandrine, Bambadjian, Treasurer

Address: 9 rue de Campeche-Dampierre
97190, Le Gosier
Guadeloupe

Name and Title: _____

Address: _____

Name and Title: Sandrine, Bambadjian, Secretary

Address: 9 rue de Campeche-Dampierre
97190, Le Gosier
Guadeloupe

Name and Title: _____

Address: _____

14 JUN -9 AM 11:47

DIVISION OF REVENUE

(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: Law Office of Maud Poudat, P.A.
Address: 2816 E. Robinson Street
Orlando, Florida 32803

JUN -9 AM 11:47
DIVISION OF CORPORATE AFFAIRS
FLORIDA DEPARTMENT OF REVENUE

ARTICLE VII INCORPORATOR

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

Name: Maud Poudat
Address: 2816 E. Robinson Street
Orlando, Florida 32803

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

Required Signature/Registered Agent

06/04/2014

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.

Required Signature/Incorporator

06/04/2014

Date