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(Requestor's Name)

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(Address)

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PICK-UP WAIT MAIL

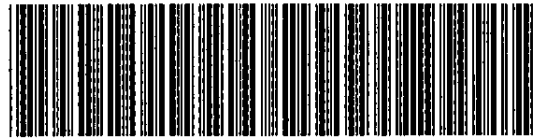
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ymd 6/25

COVER LETTER

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

SUBJECT: Double AA Professional Services, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Ronald D. Simmons
Name (Printed or typed)

1512 Grandview St.
Address

Mt. Dora, FL 32757
City, State & Zip

352.457.4046
Daytime Telephone number

Construction.doubleaa@gmail.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: Double AA Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1512 Grandview St.

Mt. Dora, FL 32757

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct commercial and residential maintenance and construction services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Simons / President Name and Title: _____

Address 1512 Grandview St. Address: _____
Mt. Dora, FL 32757

Name and Title: Dorian Murray / Secretary Name and Title: _____

Address 1812 36th St. Address: _____
Orlando, FL 32839

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Ronald D. Simmons
 Address: 1512 Grandview St.
Mt. Dora, FL 32757

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald D. Simmons
 Address: 1512 Grandview St.
Mt. Dora, FL 32757

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

Ronald Simmons _____ 6/19/14
 Required Signature/Registered Agent 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.

Ronald Simmons _____ 6/19/14
 Required Signature/Incorporator Date