

P1400060525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

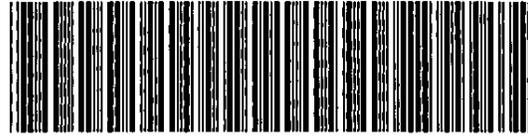
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600261746686

06/30/14--01047--026 **87.50

FILED
14 JUN 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-17/MS

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 1:12

FILED

SUBJECT: All Florida Investigations & Claims Service, 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

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

FROM: Raul Ayala, Jr.
Name (Printed or typed)
6432 NW 199 Terrace
Address
Miami, FL 33015
City, State & Zip
305-775-3945
Daytime Telephone number
raulayala.pi@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: All Florida Investigations & Claims Service, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6432 NW 199 Terrace
Miami, FL 33015

Mailing address, if different is:
P.O. Box 172064
Miami, FL 33015

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

FILED
14 JUN 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Raul Ayala, Jr.</u>	Name and Title:	_____
Address	<u>President</u>	Address:	_____
	<u>6432 NW 199 Terrace</u>		_____
	<u>Miami, FL 33015</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(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: Raul Ayala, Jr.
 Address: 6432 NW 199 Terrace
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raul Ayala, Jr.
 Address: 6432 NW 199 Terrace
Miami, FL 33015

FILED
 14 JUN 30 PM 1:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

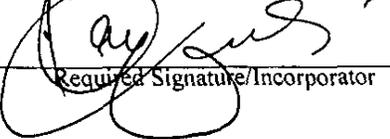


 Required Signature/Registered Agent

06/24/2014

 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

06/24/2014

 Date