

P14000060525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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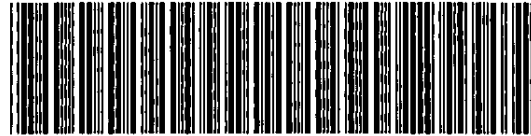
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/7/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 1:12

SUBJECT: All Florida Investigations & Claims Service, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul Ayala, Jr.

Address

President

6432 NW 199 Terrace

Miami, FL 33015

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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:

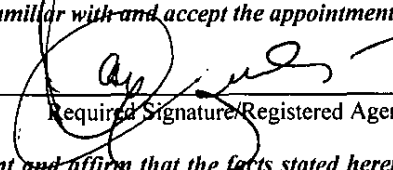
Name: Raul Ayala, Jr.

Address: 6432 NW 199 Terrace

Miami, FL 33015

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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