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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

5,

UBJECT: AM	erican Rootz, Inc	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status DPV DEOLUDED
		ADDITIONAL CO	TTREQUIRED
•-	1 1 20		
rkow.		e (Printed or typed)	
r KOW.	Nam 180th To	errace	· · · · · · · · · · · · · · · · · · ·
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89	Nam 180th To	errace	
89)36 NW 180th To iami, FL 33018	errace	SE(
89 <u>M</u>)36 NW 180th To iami, FL 33018	errace Address	
89 <u>M</u>	Nam 936 NW 180th To iami, FL 33018 City, 19-887-8820	errace Address	SECRETARY TALLAIM SE
89 M	iami, FL 33018 City, 19-887-8820 Daytime 7	Address State & Zip Telephone number	AUG ZI PR

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)

	Eion shall be: American Rootz, I		
TICLE II PRII	NCIPAL OFFICE		14 AUG 21 PH 3.
	Principal street address	į	Mailing address if different is OF STA
936 NW 1801	h Terrace		Mailing address of different is OF STATE
iami, FL·330)18		
•			
TICLE III PUR	POSE he corporation is organized is:	ooration is o	rganized for the purpose o
	y or all business permitted		laws of the United States
America an	d the laws of the state of	Florida.	
 			
			•
·····			
	stock is: 100 6 \$5.00		
	IAL OFFICERS AND/OR DIRECTOR		Christian Jaramillo/Vice President
Name and Title		Name and Title	
	TIAL OFFICERS AND/OR DIRECTOR Juan J. Jaramillo/President		
Name and Title	Juan J. Jaramillo/President 8936 NW 180th Terrace	Name and Title	8936 NW 180th Terrace
Name and Title Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address	Juan J. Jaramillo/President 8936 NW 180th Terrace	Name and Title: Address:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address Name and Title:	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address Name and Title:	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title: Address:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address Name and Title: Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title: Address:	8936 NW 180th Terrace Miami, FL 33018
Name and Title: Address Name and Title: Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title: Address: Name and Title:	8936 NW 180th Terrace Miami, FL 33018
Name and Title Address Name and Title: Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title: Address: Name and Title:	8936 NW 180th Terrace Miami, FL 33018
Name and Title: Address Name and Title: Address	Juan J. Jaramillo/President 8936 NW 180th Terrace Miami, FL 33018	Name and Title: Address: Name and Title: Address: Name and Title: Address:	8936 NW 180th Terrace Miami, FL 33018

Name and	d Title: Juan J. Jacque up - Person TName and Title	
Address	8936 NW 180TH TERRAE Address:	
	MIAMI, FL 33018	
The name and El	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered ag	out in
Name:	Juan J. Jaramillo	en is.
Address:	8936 NW 180th Terrace	
	Miami, FL 33018	
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name:	Juan J. Jaramillo	
Address:	8936 NW 180th Terrace	
	Miami, FL 33018	
Having been nam	ed as registered agent to accept service of process for the above sta	ated corporation at the place designated in
this certificate, I a	m familiar with and accept the appointment as registered agent and	agree to act in this capacity
1.1		8/11/14
V (/	Required Signature/Registered Agent	Date
I submit this document to the L	ument and affirm that the facts stated herein are true. I am aware Department of State constitutes a third degree felony as provided for	that the false information submitted in a in s.817.155. F.S.
1. 1	-9 .	8/11/14
111	Required Signature/Incorporator	Date
		3
		ALL/ ALL/
		FIL NUG 21 NHASSE
		ILE 21 SEE,