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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BRITO BUSINESS & ASSOCIATES, INC.
Account Number : I20140000057
Phone : (305) 812-7240
Fax Number : (305) 418-7383

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: britoaccounting@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DOUBLE A ULTRA LED, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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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 A ULTRA LED, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

83 EAST 41 ST HIALEAH FL 33013

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXIS DELGADO -PRES

Name and Title: ARIAM MIRANDA PRADO-V PRES

Address 83 EAST 41 STREET HIALEAH FL 33013

Address: 8051 SW 9 TER MIAMI FL 33144

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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(cont.)

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: ALEXIS DELGADO
Address: 83 EAST 41 ST
HIALEAH FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXIS DELGADO
Address: 83 EAST 41 ST
HIALEAH FL 33013

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

Alexis Delgado
Required Signature/Registered Agent

9/18/2014
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.

Alexis Delgado
Required Signature/Incorporator

9/18/2014
Date

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