

P150000 24633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

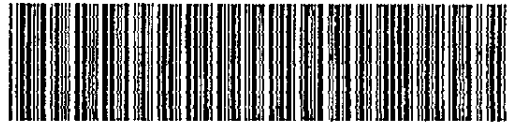
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2015
S. GILBERT

COVER LETTER

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

SUBJECT: **ADS Impact Systems Corporation**

(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: **Olga H. Lopez**

Name (Printed or typed)

7747 86 Street Apt. D-405

Address

Miami Florida 33143

City, State & Zip

305 2739267

Daytime Telephone number

odl@bellsouth.net

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: ADS IMPACT SYSTEMS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7747 SW 86 Street Apt. D405

Miami Florida 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Windows and doors instalation, service, selling and manufacturing.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olga Maria Lopez/ Director

Name and Title: Olga Hernandez Lopez/Director

Address: 7747 SW 86 Street Apt D-412

Address: 7747 Sw 86 Street Apt. D-405

Miami Floria 33143

Miami Florida 333143

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(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: Olga Hernandez Lopez
Address: 7747 SW 86 Street Apt D-405
Miami Florida 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olga Hernandez Lopez
Address: 7747 SW 86 Street Apt. D-405
Miami Florida 33143

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

Olga L. Lopez 3/10/2015
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.

Olga L. Lopez 3/10/2015
Required Signature/Incorporator Date