

P/5000043825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

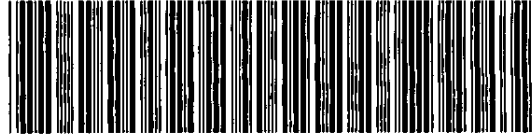
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/11/15--01034--012 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 11 PM 4:00

K 05/15/15

COVER LETTER

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

SUBJECT: American Eagle Resurfacing 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Carlos Rodriguez

Name (Printed or typed)

8920 NW 187 St

Address

Hialeah FL 33018

City, State & Zip

954-881-8486

Daytime Telephone number

carlosyansel@aol.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: American Eagle Resurfacing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8920 NW 187 St Hialeah FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Rodriguez President

Name and Title: _____

Address 8920 NW 187 ST Hialeah FL 33018

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Carlos Rodriguez _____

Address: 8920 NW 187 ST _____

Hialeah FL 33018 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos Rodriguez _____

Address: 8920 NW 187 ST _____

Hialeah FL 33018 _____

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15 MAY 11 PM 4:00

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

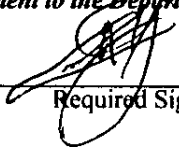
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5-6-2015
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

5-6-2015
Date