## P15000046921

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PłCK-UP	MAIT	MAIL MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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SENSETARY OF STATE

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## **COVER LETTER**

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

AAW AMERICAN BUSINESS CORP.

SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
AA FROM:	W AMERICAN BUSINESS CORP	e (Printed or typed)			
132	75 SW 136TH STREET UNIT 5				
<del></del>	Address				
MI	AMI, FLORIDA, 33186				
	City, State & Zip				
(78)	6) 651 6359				
	Daytime 1	Telephone number			
aaw	americanbusiness@gmail.com				
	E-mail address: (to be use	d for future annual report r	otification)		

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)

<u>ARTICLE II PRINC</u>	Principal street address		Mailing address, if different is:
13275 SW 136 TH STR	REET UNIT 5 MIAMI FL 33186		
	OSE MANUFA he corporation is organized is: ES AND SERVICES OF ALL KIND OF		HIV 26
			E PH H E D
ARTICLE IV SHARI	<u>ES</u> 95 / 5		
	stock is:  LOFFICERS AND/OR DIRECTORS  INDIRA BARRERO DIRECTOR		N/A :
ARTICLE V INITIA	<i>L OFFICERS ANDIOR DIRECTORS</i> INDIRA BARRERO DIRECTOR		
ARTICLE V INITIA Name and Title	LOFFICERS ANDIOR DIRECTORS INDIRA BARRERO DIRECTOR 13275 SW 136TH STREET UNIT 5 MIAMI FL, 33186  LUIS BERBESI SECRETARY 13275 SW 136TH STREET	Name and Title Address:	

Name and	N/A Title:	_ Name and Title:_	N/A 		
Address		_ Address: _			
	EGISTERED AGENT				
	ida street address (P.O. Box NOT acceptable) o INDIRA BARRERO	t the registered ager	nt is:		
Address:	14920 SW 139 PLACE	-			
•	MIAMI FL, 33186	_			
		-			
ARTICLE VII IN	<u>CORPORATOR</u>				
The name and addr	ress of the Incorporator is:				
Name:	LUIS BERBESI	_			
Address:	14920 SW 139 PLACE				
Address:	MIAMI FL, 33186	_			
		-			
	FFECTIVE DATE: 05/20/2015 ner than the date of filing:	(OD)	CIONAL \		
(If an effective date	e is listed, the date must be specific and canno	(OPT			
days after the filing	g.)				
	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requ	uirements, this date will not be listed as		
Having been named	l as registered agent to accept service of process	for the above state	ed corporation at the place designated in		
this certificate, I am	familiar with and accept the appointment as reg	sistered agent and a	gree to act in this capacity		
	TROTTA BARD  Required Signature/Registered Agent	ENO	5/20/2015.		
			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		reno	5/20/2015.		
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