

P15000050266

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/26/15--01052--013 **78.75

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15 JUN -8 PM 4:10
TALLAHASSEE, FLORIDA

6/10/15

COVER LETTER

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

American M.C. installations, Inc

SUBJECT: _____
(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: Maikel Cruz

Name (Printed or typed)

805 Largo ct

Address

Apopka, FL 32703

City, State & Zip

407-486-4373

Daytime Telephone number

miki_srt4@yahoo.com

E-mail address: (to be used for future annual report notification)

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15 JUN -8 PM 4:10
RECEIVED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

NOTE: Please provide the original and one copy of the articles.



RECEIVED

15 JUN -8 PM 2:20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 28, 2015

MAIKEL CRUZ
805 LARGO CT
APOPKA, FL 32703

SUBJECT: AMERICAN M.C. INSTALLATIONS, INC
Ref. Number: W15000037864

We have received your document for AMERICAN M.C. INSTALLATIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 915A00011269

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15 JUN -8 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

American M.C. installation, Inc
The name of the corporation shall be: _____

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
805 Largo ct
Apopka Fl 32703

15 JUN -8 PM 4:10
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The purpose of this corporation is tile and wood floors installation.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Maikel Cruz, President	Name and Title:	_____
Address	805 Largo ct	Address:	_____
	Apopka Fl 32703		_____
	_____		_____

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: Maikel Cruz
Address: 805 Largo ct
Apopka Fl 32703

ARTICLE VII INCORPORATOR

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

Name: Maikel Cruz
Address: 805 Largo ct
Apopka Fl 32703

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15 JUN -8 PM 4:10
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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

6-4-15
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

6-4-15
Date