

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED ENGINEER ECOSYSTEMS INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

96985

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Advanced Engineer Ecosystems 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
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: Jorge L Perez

Name (Printed or typed)

15529 Miami Lakeway North Suite 206

Address

Miami lakes, FL 33014

City, State & Zip

786-619-7953

Daytime Telephone number

jperez159@gmail.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: Advanced Engineer Ecosystems Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 15529 Miami Lakeway North Suite 208
Miami Lakes, FL 33014
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To transact any and all
lawful business

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jorge L. Perez / President</u>	Name and Title:	<u>Salvo M Lopresti / Vice President</u>
Address:	<u>15529 Miami Lakeway North</u>	Address:	<u>7384 SW 80 Street</u>
	<u>Suite 208</u>		<u>Suite 153</u>
	<u>Miami lakes, FL 33014</u>		<u>Miami, FL 33143</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

FILED
15 JUL - 1 AM 7:30
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Jorge L Perez
 Address: 15529 Miami Lakeway North Suite 206
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge L Perez
 Address: 15529 Miami Lakeway North Suite 206
Miami Lakes, FL 33014

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

6-24-2015
 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

6-24-2015
 Date

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 15 JUL -1 AM 7:30

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