Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000238199 3)))



H150002381993ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

: (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 ALL FLORIDA BROKERS, INC.

1	Certificate of Status		0
1	Certified Copy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* *
04	Page Count	***	2
\$87.50	Estimated Charge	>.44-	2
i	Estimated Charge		5

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/5/2015

CORPUSA

302233696

10/02/5012 II:32

COVER LETTER

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

SUBJECT:	JECT: ALL FLORIDA BROKERS IN			
	(PROPOSED CORPORA'	PE NAME – <u>MUST (NCLU</u>	DE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee. & Certified Copy ADDITIONAL, CO	Sec. 50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO.	- REQUIRED	
FROM:	Richard Pri	(Printed or typed)		
	141 an 24	Road		
Miami, FL- 33129 City, State & Zip				
	786-252-5	-		
	ALLTLORIDA BRA	okensinke e	ymail.com	

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)

Nume and Title: Richard Prito C.E. Núme and Title: Address INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Richard Prito C.E. Núme and Title: Address INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Wigner FL. 33129	TICLE I NAME e name of the corporation	shall be: ALL FL		
Minni PL 3372 TICLE IV PURPOSE a purpose for which the corporation is organized is: TRC DASKLAND OF FOOD and Merchandise TRCLE IV SHARES In number of shares of stock is: INCLE V INITIAL OFFICERS AND OR DIRECTORS Nume and Title: Address Name and Title: Name and Title: Name and Title: Address: Name and Title: Address: Name and Title:			Mailing ad	dress, if different is:
Minni PL 3372 TICLE III PURPOSE I purpose for which the corporation is organized is: The baskening of Food and Merchandise THE BASKENING OF FOOD And Merchandise THE MARKES Number of shares of stock is: TICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Richard Prito C.E. Name and Title: Address Minni FL. 33 129 Name and Title: Name and Title: Address Name and Title:	Richard Pricto		14130	24 8298
PURCLEIV SHARES TICLEIV SHARES Number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Richard Pritto C.E. Name and Title: Address Name and Title: Name and Title: Name and Title: Address: Ad				
Name and Title:	TICLE III PURPOSE			
Name and Title:	purpose for which the c	corporation is organized is:	L and March	100/2
Name and Title:	INZ EVE	24/10 21 1 22	a tree personal	VIC 02
Name and Title:				
Name and Title:				
Name and Title:				
Name and Title:			~ <u></u>	
Name and Title:				
Name and Title: Address Name and Title:	number of shares of stor	DEFICERS AND/OR DIRECTOR	<u></u>	
Name and Title: Address Address: Name and Title:	Number of shares of successful V INITIAL C	OFFICERS AND/OR DIRECTOR	P. Name and Title:	
Name and Title: Address Address: Name and Title:	number of shares of successive of successive number of shares of successive number of successive number of shares of	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road	Plame and Title:	
Name and Title: Address Address: Name and Title:	number of shares of successive of successive number of shares of successive number of successive number of shares of s	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road	Plame and Title:	
Name and Title: Name and Title:	Nume and Title: Address	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road	Plame and Title:	20 1
Name and Title: Name and Title:	Number of shares of successive of successive of shares of successive of	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road Miania FL. 33/29	Pláme and Title:Address:	15 OC
Name and Title: Name and Title:	Nume and Title:	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road Miania FL. 33/29	Name and Title: Address: Name and Title:	SECHETA ALL APAS
Name and Title: Name and Title:	Nume and Title:	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road Miania FL. 33/29	Name and Title: Address: Name and Title:	SECRETARY I
Name and Title: Name and Title:	Nume and Title:	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road Miania FL. 33/29	Name and Title: Address: Name and Title:	SECRETARY IF S
Address:	Nume and Title:	OFFICERS AND/OR DIRECTOR RICHARD Proto C 41 Sw 24 road Miania FL. 33/29	Name and Title: Address: Name and Title:	SECRETARY IF S
	Number of shares of successive states of successive shares of successive shares of successive successive shares and Title: Address Address	MERICERS AND/OR DIRECTOR RICHARD Prito C 41 Sw 24 Road Might FL. 33/29	Name and Title: Address: Name and Title: Address:	SECRETARY IF STATE ALL APASSES FI SRIE
	Name and Title: Name and Title: Address Name and Title: Address	Albard Prito C 41 Sw 24 Road Migni FL. 33129	Name and Title: Address: Name and Title: Address; Name and Title:	SECRETARY IF STATE ALL APASSES, FLORIDA
	Name and Title: Name and Title: Address Name and Title: Address	Albard Prito C 41 Sw 24 Road Migni FL. 33129	Name and Title: Address: Name and Title: Address; Name and Title:	SECRETARY IF STATE ALL APASSEE, FLORIDA

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No.	OT acceptable) of the registered agent is:
Name: Richart Hie	(O
Address: 141 Sw 24 A	was de
Wromi FL 33	129
AKTICLE VIL INCORPORATOR	
The name and address of the Incorporator is:	
Name: Kichanz to	uto
Address: 141 sn 24 n	Succession
Winnig FC3	7129
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be spidays after the filing.)	ecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of	of the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	10-5-15
Required Signature Region	stered Agent Date
I submit this document and affirm that the facts s document to the Department of State constitutes a to	tuted herein are truc. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S.
2/1	18-5-15
Required Signature locorporator	Date

H15000238199 9696889908 13:32 9002/90/01