

P15000098623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

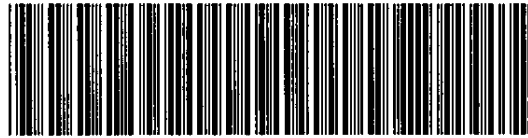
(Document Number)

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09/02/15--01004--009 **70.00

FILED
15 DEC 10 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 2015

COVER LETTER

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

SUBJECT: A-1 PRO management corp.
(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: Juan Roberto Solobano
Name (Printed or typed)

8390 NW 143rd Terr
Address

Miami Lakes FL 33216
City, State & Zip

772-338-1137
Daytime Telephone number

A1PROMGT@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

JUAN ROBERTO SOTOLONGO
8390 NW 143RD TERR
MIAMI LAKES, FL 33016

SUBJECT: A-1 PRO MANAGEMENT CORP.
Ref. Number: W15000059835

We have received your document for A-1 PRO MANAGEMENT CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 315A00019150

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: A1 PRO management corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8390 NW 143rd terr
Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the overall planning, coordination,
and control of a project from beginning
to completion. Manage and hire all
subcontractors for residential or commercial
projects. full service project management
services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan R. Sotolongo Name and Title: _____

Address 8390 NW 143rd terr Address: _____
Miami Lakes, FL 33016

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: Juan R. Sotolongo

Address: 8390 NW 143rd Terr
Miami Lakes, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Juan R. Sotolongo

Address: 8390 NW 143rd Terr
Miami Lakes, FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/10/2015 (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

[Signature]
Required Signature/Registered Agent

9/22/15

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.

[Signature]
Required Signature/Incorporator

9/22/15

Date