

P/1500005432

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.

((H16000016273 3)))



H160000162733ABC-

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 : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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

Email Address: _____

RECEIVED

16 JAN 20 PM 2:37

SECRETARY OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION
EDW & AD CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

16 JAN 20 PM 12:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE 01/20/10

1/20/2016

Division of Corporations

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

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

SUBJECT: EDW & AD 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
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: EDWIN ICABALZETA
Name (Printed or typed)
2671 W 71 ST PL
Address
HIALEAH, FL 33016
City, State & Zip
(786) 499-71-32
Daytime Telephone number
KRISJOENNA @YAHOO.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 20 PM 12:18

ARTICLE I NAME EDW & AD CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
2671 W 71 ST PL _____
HIALEAH, FL 33016 _____

ARTICLE III PURPOSE ANY ALL PROPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN ICABALZETA PRESIDENT	Name and Title: _____
Address 2671 W 71 ST PL	Address: _____
HIALEAH, FL 33016	_____
_____	_____
_____	_____
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: EDWIN ICABALZETA
 Address: 2671 W 71 ST PL
 HIALEAH, FL 33016

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 16 JAN 20 PM 12:18

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWIN ICABALZETA
 Address: 2671 W 71 ST PL
 HIALEAH, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/20/2016 (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

Edwin Icabalzeta 01/20/2016
 Required Signature/Registered Agent 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.

Edwin Icabalzeta 01/20/2016
 Required Signature/Incorporator Date