

P 16000010074

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☐ PICK-UP

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(Business Entity Name)

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CLERK OF SUPERIOR COURT
JAN 25 2016

g 2/3/16

COVER LETTER

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

SUBJECT: A & G All Type Construction 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: A & G All Type Construction Inc

Name (Printed or typed)

933 Vincent Lane

Address

Ft Walton Beach, FL 32457

City, State & Zip

832-756-3397

Daytime Telephone number

mayralugo20@yahoo.com

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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)

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ARTICLE I NAME

The name of the corporation shall be: A & G All Type Construction Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

933 Vincent Lane

Ft Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Framing, siding, painting, sheet rock services business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gaston Camacho Vidal, President

Name and Title: Adolfo Camacho, Vice President

Address 933 Vincent Lane

Address: 933 Vincent Lane

Ft Walton Beach, FL 32547

Ft Walton Beach, FL 32547

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: Adolfo Camacho

Address: 933 Vicent Lane

Ft Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

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

Name: Gaston Camacho idal

Address: 933 Vincent Lane

Ft Walton Beach, FL 32547

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature/Registered Agent

1/20/16
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

1/20/16
Date