88PL60000119

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

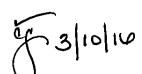
2544-



000281627330

02/03/16--01004--013 **78.75





COVER LETTER

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

SUBJECT: A & R CUSTOM WOODWOTKS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)			
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	d a check for:			
□ \$70.00	\$78.75	\$78.75	□ \$87.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
-	& Certificate of Status	& Certified Copy	Certified Copy			
			& Certificate of			
			Status			
		ADDITIONAL COPY REQUIRED				
	.					
FROM: Angel L. Perez Name (Printed or typed)						
	ے Name	e (Printed or typed)				
1617 Toledo Ave						
DelTona, FL 32725 City, State & Zip						
City, State & Zip						
	386-624	-2853	**************************************			
386-624-2853 Daytime Telephone number						

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

ANGEL L. PEREZ 1617 TOLEDO AVENUE DELTONA, FL 32725

SUBJECT: A & R CUSTOM WOODWORKS, INC

Ref. Number: W16000011285

We have received your document for A & R CUSTOM WOODWORKS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 316A00003156

Mame.

Angel L. Rey

7

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME The name of the corporat	ion shall be: A L P Custom	Woodwor	Ks, Inc 16 MAR -7 PM 3.38
ARTICLE II PRINC			Mailing address, if different is:
DelTona, 7	1 32725	-	
ARTICLE III PURPO The purpose for which the	ne corporation is organized is: Any a	nd all bi	usiness and legal
requiremen	Ts To Conduct and	operate	carried out by The
ALP Cust	om Woodworks, Inc	To be	carried out by The
Officers	and Shareholders.		,
	WAR TO STATE OF THE STATE OF TH		
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	S stock is: / O O		
		Name and Title	Ruth Marquez Secy Treas.
Address	1617 Toledo Ave	Address:	Ruth Marquez, Secy, Treas. 1617 Toledo Ave
	Deltona, FL 3272	5	DelTona, FL 32725
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	-
Address	NEW TOTAL STATE OF THE STATE OF	Address:	

Address		Address:			
The name and Flori	GISTERED AGENT da street address (P.O. Box NOT acceptable) o				
Name: _	Angel L. Perez	_			
Address:	Angel L. Perez 1617 Toledo Ave				
-	DelTona, FL	_	16 HA		
ARTICLE VII INC	<u>CORPORATOR</u>		7 卫		
The name and addr	ess of the Incorporator is:		THE THE		
Name:	Angel L. Perez		3 3 4		
Address:	1617 Toledo Ave		ω		
	Angel L. Perez 1617 Toledo Ave Deltona, FL 3272	<u>5</u>			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: February 1, 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			5		
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 this certificate, I am	as registered agent to accept service of proces familiar with and accept the appointment as re	ss for the above stated corporations: The state of the st	on at the place designated in in this capacity		
A	Required Signature/Registered Agent		1/3//6 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 Uncorporator		1/31/16 Date		

Name and Title:

Name and Title:_