

P16 000072815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

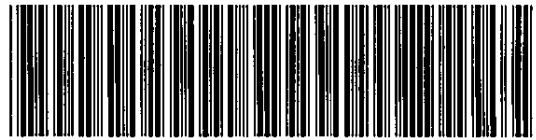
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: AAJ SERVICE & REPAIR 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: ALDEMARO RIBEIRO

Name (Printed or typed)

165 LAKEVIEW DR. APT. 104

Address

WESTON, FLORIDA 33326

City, State & Zip

305.400.2700

Daytime Telephone number

aldemaro@mibici.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)

ARTICLE I NAME

AAJ SERVICE & REPAIR CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

165 LAKEVIEW DR. APT. 104

SAME

WESTON, FLORIDA 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO TRANSACT ANY AND ALL LAWFULL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE

OF FLORIDA AND THE LAWS OF UNITED STATES

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ARTICLE IV SHARES

ONE HUNDRED (100) SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALDEMARO RIBEIRO -PRESIDENT/DI

Name and Title: _____

Address 4215 LONGLAKE DR

Address: _____

DULUTH, FL. 30097

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: ALDEMARO RIBEIRO
 Address: 4215 LONGLAKE DR
DULUTH, FL 30097

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ARTICLE VII INCORPORATOR

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

Name: JOSE A. ALARCON = CELL 786.295.0276
 Address: 5445 COLLINS AVENUE, APT M-09
MIAMI BEACH, FL 33140

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

 Required Signature/Registered Agent

8/25/16
 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.

 Required Signature/Incorporator

8/25/16
 Date