

P/6000085587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

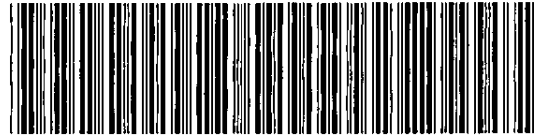
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 19 PM 2:15

10/19/16--01009--021 \*\*70.00

EFFECTIVE DATE  
10/13/16

16 OCT 19 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

10/25/16

## COVER LETTER

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

**SUBJECT:** ARSS Services and Supplies,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      ☐ \$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: Abel Avila  
\_\_\_\_\_  
Name (Printed or typed)  
  
8887 sw 12th street  
\_\_\_\_\_  
Address  
  
Miami ,FL 33174  
\_\_\_\_\_  
City, State & Zip  
  
786-251-1640  
\_\_\_\_\_  
Daytime Telephone number  
  
ARSSERVICESANDSUPPLIES@GMAIL.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

The name of the corporation shall be: ARSS Services And Supplies, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8887 SW 12 TH STREET

MIAMI, FL 33174.

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawfull business.

EFFECTIVE DATE  
10/13/16

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OCT 9 PM 2:15

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abel Avila/President

Name and Title: \_\_\_\_\_

Address 8887 sw 12th street

Address: \_\_\_\_\_

Miami, FL 33174

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: \_\_\_\_\_  
Abel Avila

Address: \_\_\_\_\_  
8887 sw 12th street

\_\_\_\_\_ Miami, FL 33174

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Able Avila

Address: \_\_\_\_\_  
8887 sw 12 th street

\_\_\_\_\_ Miami, FL 33174

2016 OCT 19 PM 2:15

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/13/2016. (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*

\_\_\_\_\_  
Required Signature/Registered Agent

10/13/2016

\_\_\_\_\_  
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

10/13/2016

\_\_\_\_\_  
Date