

P16000086854

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2016 OCT 23 PM 2:15

W16-069928

10/31/16



RECEIVED
16 OCT 28 PM 12:34

FLORIDA DEPARTMENT OF STATE
Division of Corporations
COMMERCIAL
REGISTRATION SERVICES

October 12, 2016

LOUIS DESLOUCHES
4320 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065

SUBJECT: A1 RESTORATION SERVICES INC.
Ref. Number: W16000069928

We have received your document for A1 RESTORATION SERVICES 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P14000044038.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00021994

COVER LETTER

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

SUBJECT: A1 Restoration Services 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: Louis Joseph Deslouches

Name (Printed or typed)

4320 Coral Springs Drive

Address

Coral Springs Florida 33065

City, State & Zip

954 203-4618

Daytime Telephone number

a1restorationsinc@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: A1 Restorations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
A1 Restorations Inc.

4320 Coral Springs Drive

Coral Springs, Fl. 33065

Mailing address, if different is:

A1 Restorations Inc

P.O. Box 25264

Tamarac, Fl. 33320

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For a professional corporation

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis J Deslouches Sr. President

Address: 4320 Coral Springs Drive

Coral Springs, Fl. 33065

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2018 OCT 29 PM 2:13
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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: Louis J Deslouches Sr. _____

Address: 4320 Coral Springs Drive _____

Coral Springs, Fl. 33065 _____

ARTICLE VII INCORPORATOR

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

Name: Louis J Deslouches Sr. _____

Address: 4320 Coral Springs Drive _____

Coral Springs, Fl. 33065 _____


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

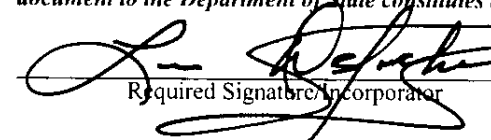


Required Signature/Registered Agent

10/05/16

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

10/05/16

Date

10/05/16
10:28 PM
2.15