





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**                      A1 Restorations Inc.  
The name of the corporation shall be: \_\_\_\_\_

<b><u>ARTICLE II PRINCIPAL OFFICE</u></b>	Principal <u>street</u> address	Mailing address, if different is:
A1 Restorations Inc.	_____	A1 Restorations Inc _____
4320 Coral Springs Drive	_____	P.O. Box 25264 _____
Coral Springs, Fl. 33065	_____	Tamarac, Fl. 33320 _____

**ARTICLE III PURPOSE**                      For a professional corporation  
The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**                      1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Louis J Deslouches Sr. President	Name and Title:	_____
Address	4320 Coral Springs Drive	Address:	_____
	Coral Springs, Fl. 33065		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

FILED  
2018 OCT 29 PM 2:13  
CLERK OF CIRCUIT COURT  
DADE COUNTY 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

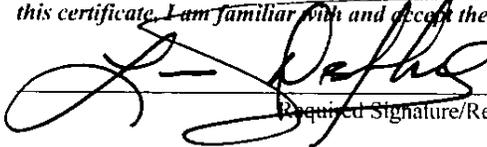
**ARTICLE VIII EFFECTIVE DATE:**

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.)

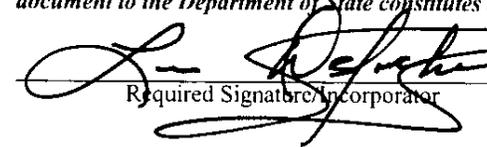
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/28/16 PM 2:15  
RECEIVED  
CORPORATION DIVISION  
STATE OF FLORIDA