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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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00)	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SECRETARY OF STATE
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## **COVER LETTER**

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

SUBJECT:

AEG Personnel, Inc.

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	a D. Ortiz		
FROM:	Nam	e (Printed or typed)	
119	08 Delfina Lane		
119	08 Delfina Lane	Address	
	08 Delfina Lane ando, FL 32827	Address	
	ando, FL 32827	Address , State & Zip	
Orla	ando, FL 32827		
Orla	ondo, FL 32827 City -474-4222		

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 corpora	tion shall be: ABG Personnel, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, i	f different is:
11908 Delfina Lane	· · · · · · · · · · · · · · · · · · ·		
Orlando, FL 32827			
ARTICLE III PURPO The purpose for which the activities or business pe	OSE  the corporation is organized is:  This Corporation is organized is:	rporation may engage or transact in any	or all lawful
territory or nation.			
	<u> </u>		
			<u> </u>
			3E07/1511/
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			-4 1000
ARTICLE IV SHARE The number of shares of	ES 1,000 shares or common stock stock is:	<u> </u>	Y OF ALL FREE PM 2
ADDICIE V INTEL	(I AFEICEDS AND AND DIDECTADS	,	:://lb
Name and Title	(L OFFICERS AND/OR DIRECTORS , Ada D. Ortiz, President	Name and Title:	
Address 1	11908 Delfina Lane		
	Orlando, FL 32827		
,			
Name and Title		Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
Name and Title		Name and Title:	<del></del>
Address		Address:	

Name ar	nd Title:	Name and Title:
Address	3	Address:
ADTICLE IV	DECICTEDED ACENT	
	<u>REGISTERED AGENT</u> T <mark>orida street address</mark> (P.O. Box <b>NO</b> T acc	ceptable) of the registered agent is:
Name:	Ada D. Ortiz	
Address:	11908 Delfina Lane	<del></del> -
Address.	Orlando, FL 32827	SECRETION CO
		<del></del>
ARTICLE VII	INCORPORATOR	
		್ಷಾ <sup>ಸ್</sup> (ಗ್ಯ
The name and a	ddress of the Incorporator is:  Ada D. Ortiz	
Name:		
Address:	11908 Delfina Lane	<b>_</b>
	Orlando, FL 32827	<del></del>
ARTICLE VIII	EFFECTIVE DATE: fother than the date of filing:	(OPTIONAL)
(If an effective days after the f	date is listed, the date must be specific	and cannot be more than five business days prior or 90 business
·	•	
the document's	e inserted in this block does not meet the effective date on the Department of State'	applicable statutory filing requirements, this date will not be listed as 's records.
		e of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
	<i>M</i>	10/20/11
\	Required Signature/Registered	Agent Date
I nickards abb = 3-	. •	herein are true. I am aware that the false information submitted in a
docyment to the	Department of State constitutes a third d	legree felony as provided for in s.817.155, F.S.
$X \sim A$	<del>()</del>	10/28/11
Requ	X uired Signatuτe/Incorporator	Date