

P16000091586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

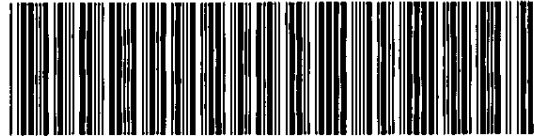
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV 16 PM 4:05

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16 NOV 16 AM 10:56

C. GOLDEN
NOV 16 2016



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Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. A1 Management Group Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

EFFECTIVE DATE 01/01/17

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: A1 MANAGEMENT GROUP INC. EFFECTIVE 01/01/2016 NOV 16 PM 4:05

ARTICLE II PRINCIPAL OFFICE

Principal street address

271 SW 69 AVE

MIAMI, FL 33144

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yordis Rodriguez Martinez (PSD)

Name and Title: _____

Address 271 SW 69 AVE

Address: _____

MIAMI, FL 33144

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: Yordis Rodriguez Martinez _____

Address: 271 SW 69 AVE _____

MIAMI, FL 33144 _____

ARTICLE VII INCORPORATOR

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

Name: Yordis Rodriguez Martinez _____

Address: 271 SW 69 AVE _____

MIAMI, FL 33144 _____

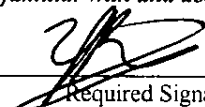
ARTICLE VIII EFFECTIVE DATE:

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

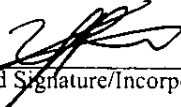


Required Signature/Registered Agent

11/15/2016

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

11/15/2016

Date

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