P160000957

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cit	y/State/Zip/Prione	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

ō

Office Use Only



000292144420

11/14/16--01019--012 **87.50

2016 DEC -2 PK 3: 0! SEUNCTARY OF STATE TALLAHASSEE, FLORID

V HERRING DEC -5 2016

. -- 0.5

COVER LETTER

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

Land A Sol	lutums an	d Kepaur
(())		
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
13720 NE 1 Miami, F1 305-	St Ave Address 33141 State & Zip 216-3356)
	### STR.75 Filing Fee & Certificate of Status EVELYN Name 13120 NE Miami, H. City,	Filing Fee & Certificate of Status Filing Fee & Certified Copy ADDITIONAL CO Name (Printed or typed)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2016

EVELYN SOTO 13720 NE 1ST AVE MIAMI, FL 33161

SUBJECT: A & A SOLUTIONS AND REPAIRS INC.

Ref. Number: W16000077815

We have received your document for A & A SOLUTIONS AND REPAIRS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring Regulatory Specialist II New Filing Section

TOUST

Letter Number: 516A00024733

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

RTICLE 1 NAME e name of the corporation shall be: RTICLE II PRINCIPAL OFFICE					
Principal <u>str</u>		Ma	Mailing address, if different is:		
3720 NE 15	Aue				
Jiami H	331101		·= · · · · · · · · · · · · · · · · · ·		
THE HE DURBORE		·			
RTICLE III PURPOSE The purpose for which the corporation	on is organized is:				
Home	Meaus	-			
	/ /				
· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·			
					
	· ·		'		
RTICLE IV SHARES	100				
RTICLE IV SHARES ne number of shares of stock is:	100				
e number of shares of stock is:	RS AND/OR DIRECTORS	. L			
e number of shares of stock is:		Sident Title:			
RETICLE V INITIAL OFFICER Name and Title:	in Soto/Fre	SIGNER and Title:			
RETICLE V INITIAL OFFICER Name and Title:	in Soto/tre				
RTICLE V INITIAL OFFICER Name and Title: 13721	in Soto/tre			Vá	
RTICLE V INITIAL OFFICER Name and Title: 13721	in Soto/tre			W SEC	2216
RTICLE V INITIAL OFFICER Name and Title: 13721	in Soto/fre ONE 1 Ave Mi Fl. 33	Address:		TALLAH)	2916 DEC
Name and Title: Name and Title: Name and Title:	in Soto/Fre ONE 1 AME Mi Fl. 33	Address: Address: Name and Title:		SECRE ART	2116 DEC - 2
Name and Title: Name and Title: Name and Title:	in Soto/fre ONE 1 Ave Mi Fl. 33	Address: Address: Name and Title:		VSSEE.	<u> </u>
Name and Title: Name and Title: Name and Title:	in Soto/Fre ONE 1 AME Mi Fl. 33	Address: Address: Name and Title:		ASSEE. F	-2 P x
Name and Title: Name and Title: Address Name and Title: Address Address	in Soto/Fre ONE 1 AME Mi Fl. 33	Address: Name and Title: Address:		ASSEE, FLOR	-2 PM 3:
Name and Title: Name and Title: Name and Title: Address Name and Title: Address	in Soto/Fred	Address: Name and Title: Address:		ACT OF STATE VSSEE, FLORIDA	-2 PH 3: 05
Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title:	in Soto/Fred	Address: Name and Title: Address: Name and Title:		ASSEE, FLORIDA	-2 PM 3: 05

•		FILED
Name and Title:	Name and Title	2016 DEC -2 PM 3: 05
Address	Address:	Special Co. 05
		TALLAHASSEE FLORIDA
		,,,,,,
		
ABTICLE VI DECICTEDED ACENT		
ARTICLE VI REGISTERED AGENT The name and Florida atreet address (P.O. Box NOT acceptable)	e) of the registered ag	gent is:
Name: Wellyn Solo		
Address: 13720 NE / Ave		
miani Fl. 3314	_	
3374	<u>T</u>	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Evelun Soto		
12770 115 1 118		
MiAmi Fl. 3316	<u>/</u>	
ARTICLE VIII. EFFECTIVE DATE		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:		
(If an effective date is listed, the date must be specific and car days after the filing.)	nnot be more than	five business days prior or 90 business
Note: If the date inserted in this block does not meet the applica	bla etatutami filina r	aguirements, this date will not be listed as
the document's effective date on the Department of State's record		equirements, this date will not be listed as
House have wound as registered warmt to consider a first		inted annual state of the advantage of the state of the
Having been named as registered agent to accept service of pro- this certificate, I am familiar with and accept the appointment as		
Gliden Set		11-9-16
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein	are true. I am awar	e that the false information submitted in a
document to the Department of State constitutes a third degree for	elony as provided for	<i>1 c</i>
tully Sat		11-9-16
Required Signature/Incorporator		Date