

P 17 000008002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600294701546

600294701546  
01/25/17--01004--009 \*\*157.50

RECEIVED  
17 JAN 25 AM 11:08

FILED  
2017 JAN 25 PM 1:59  
TALLAHASSEE, FL 32309  
SECURITY

C. GOLDEN  
JAN 25 2017



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

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

1. A & A 8895, Corp  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

FILED  
2017 JAN 25 PM 1:59  
SECRET  
TALLAHASSEE, FL 32301

☐ 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	
--------------------	--

**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: A & A 8895 , CORP

2017 JAN 25 PM 1:59

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1756 SW 8 STREET UNIT: 103

MIAMI, FL 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: GUILLERMO KOU (P)

Name and Title: \_\_\_\_\_

Address 1756 SW 8 STREET UNIT: 103

Address: \_\_\_\_\_

MIAMI, FL 33135

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: GUILLERMO KOU  
Address: 1756 SW 8 STREET UNIT: 103  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

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

Name: GUILLERMO KOU  
Address: 1756 SW 8 STREET UNIT: 103  
MIAMI, FL 33135


**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 days prior or 90 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

01/23/2017  
\_\_\_\_\_  
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

01/23/2017  
\_\_\_\_\_  
Date

FILED  
2017 JAN 23 PM 1:59  
TALLAHASSEE, FL  
SECRETARY OF STATE