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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

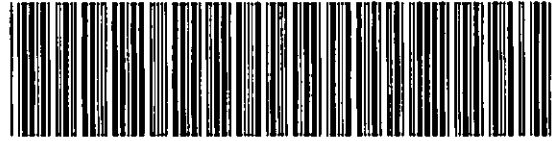
(Business Entity Name)

(Document Number)

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

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AUG 08 2017

## COVER LETTER

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

SUBJECT: ARMANDO GARCIA PERSON TRADE-NAME TRADEMARK, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ARMANDO GARCIA  
Name (Printed or typed)

2865 S.W. 63<sup>rd</sup> AVENUE  
Address

MIAMI, FLORIDA 33155  
City, State & Zip

(305) 667-1386  
Daytime Telephone number

\_\_\_\_\_  
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**

The name of the corporation shall be: ARMANDO GARCIA PERSON TRADE-NAME TRADEMARK, INC.

**ARTICLE II PRINCIPAL OFFICE**

<p>Principal street address <u>28 65 S.W. 63<sup>rd</sup> Avenue</u></p> <p><u>Miami, Florida 33155</u></p>	<p>Mailing address, if different is:</p> <p>_____</p> <p>_____</p>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate investment, commercial transaction, buy, sell, not limited to any legal business transaction for profit. Open bank account, obtain bank loan, and conduct any other monetary transaction, and/or investment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares (No par value)

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

Name and Title: <u>Armando Garcia (President)</u>	Name and Title: _____
Address: <u>2865 S.W. 63<sup>rd</sup> Ave</u>	Address: _____
<u>Miami, FL 33155</u>	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
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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: Reinaldo Garcia  
Address: 2865 S.W. 63<sup>rd</sup> Ave  
Miami, FL 33155

**ARTICLE VII INCORPORATOR**

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

Name: Armando Garcia  
Address: 2865 S.W. 63<sup>rd</sup> Avenue  
Miami, FL 33155

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**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*

*R Garcia*  
Required Signature/Registered Agent

08/02/17  
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.*

*Armando Garcia*  
Required Signature/Incorporator

08/02/17  
Date