

P18000005571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

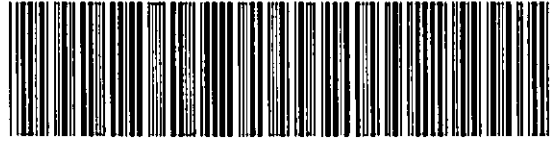
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18 JAN 19 PM 3:02
TALLAHASSEE, FLORIDA
SOPHIA W. S. S. S. S. S.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

ADA D. ORTIZ
11908 DELFINA LANE
ORLANDO, FL 32827

SUBJECT: AEG PERSONNEL, INC.
Ref. Number: W18000002659

We have received your document for AEG PERSONNEL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 418A00000638

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 17, 2017

Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I, Ada D. Ortiz am the legal owner of AEG Personnel, Inc. Document #
P16000089929

I have no intentions of reinstating this corporation.

Thank you,

X 

Ada D. Ortiz

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TALLAHASSEE, FLORIDA

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: AEG Personnel, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11908 Delfina Lane

Orlando, FL 32827

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares or common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ada D. Ortiz, President

Name and Title: _____

Address 11908 Delfina Lane

Address: _____

Orlando, FL 32827

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Ada D. Ortiz
 Address: 11908 Delfina Lane
Orlando, FL 32827

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 PALM BEACH COUNTY, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ada D. Ortiz
 Address: 11908 Delfina Ln.
Orlando FL 32827

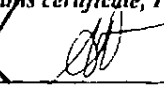
ARTICLE VIII EFFECTIVE DATE:

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.)

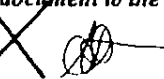
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X  _____
 Required Signature/Registered Agent

1/16/18
 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.

X  _____
 Required Signature/Incorporator

1/16/18
 Date