P18 000 027 757

(Re	equestor's Name)	-		
(Ad	dress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)	 		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



000310038660

03/13/18--01021--002 **70.00

18 HAR 13 PH 5: 07
SELFRE FARY OF STATE
TARLAMASSEE, FLORIDA

D O'KEEFE MAR 2 6 2018 February 27, 2018

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

To Whom It May Concern:

I, Randal Morato, am the legal owner of American Slings and Patio Supplies, Inc., Document # P13000048954

I have no intentions of feinstating this corporation.

Thank you,

Randal Morato

18 MAR 13 PM 5: 0
SeCRETARY SP 3 (Sec

ş

3

Ca .

COVER LETTER

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

SUBJECT: America	an Slings and Patio Supplies, Inc.				
SUBJECT:	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate o		
		ADDITIONAL CO	Status		
		ADDITIONAL CO	DPY REQUIRED		
Ra FROM:	ndal Morato				
FROM:	Name	(Printed or typed)			
100	00 E. Atlantic Blvd. #214				
	Address				
Poi	mpano Beach, FL 33060				
	City,	State & Zip			
954	1-290-3872				
	Daytime T	elephone number			
info	o@americanslings.com				
	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)

RTICLE II PRIN	NCIPAL OFFICE Principal street address	Mailing :	address, if different is:
1000 E. Atlantic Blvd. #214			
ompano Beach, FL			
RTICLE III PUR ne purpose for which	POSE n the corporation is organized is:	d all lawful business	
			18 MAR
RTICLE IV SHA	RES 1,000 of stock is:		I3 PH 5
	TAL OFFICERS AND/OR DIRECTOR tle: Randal Morato, President	_)
Name and Ti Address	tle: Randal Morato, President	Name and Title:)
Name and Ti	tle: Randal Morato, President	Name and Title:	<u> </u>
Name and Ti Address	tle: Randal Morato, President 1000 E. Atlantic Blvd. #214	Name and Title: Address:	
Name and Ti Address	tle: Randal Morato, President 1000 E. Atlantic Blvd. #214 Pompano Beach. FL 33060	Name and Title: Address: Name and Title: Address:	
Name and Ti	Randal Morato, President 1000 E. Atlantic Blvd. #214 Pompano Beach. FL 33060 le:	Name and Title: Address: Name and Title: Address:	
Name and Ti Address Name and Tit Address	tle: Randal Morato, President 1000 E. Atlantic Blvd. #214 Pompano Beach. FL 33060 le:	Name and Title: Address: Name and Title: Address:	

Name ar	nd Title:	Name and Title:			
Address	s	Address:			
	4V-0V-0				
					
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	la) of the registered quent is:			
Name:	Randal Morato	te) of the registered agent is.			
Address:	1000 E. Atlantic Blvd. #214				
Address.	Pompano Beach, FL 33060				
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator is:		TANGE OF SECOND	<u></u>	
Name:	Randal Morato	<u>_</u> _		HAR T	
Address:	1000 E. Atlantic Blvd. #214		388	Ξ	
	Pompano Beach, FL 33060			ED 84 5:	
ARTICLE VIII	EFFECTIVE DATE:		()PE	5: 07	1
Effective date, i	f other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL)	r or 90 ds	we ofter the	
(II an effective filing.)	date is listed, the date must be specific and c	annoi de more than tive days prio	T DI 30 GA	tys after the	
	te inserted in this block does not meet the applic effective date on the Department of State's reco		nis date wi	ill not be liste	ed as
the document s	effective date of the Department of State s reco	rus.			
Having been na this certificate, i	imed as registered agenato accept service of pr I am familiar with and accept the appointment i	ocess for the above stated corporati as registered agent and agree to act t	on at the j in this cap	place designa pacity	ited in
			2.	27-12	5
	Registered Agen	<u> </u>		Date	
I submit this do	ocupient and affirm that the facts stated hereit Department of State constitutes a third procee	are true. I am aware that the fals felony as provided for in s.817.155,	e informa F.S.	tion submitte	ed in a
				-27-	18
Req	uired Signature/Incorporator			Date	

. .