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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AWI HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Please provide original submission date of 11/15/2018

Please provide original submission date of 11/15/2018

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TALLAHASSEE, FL

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Corporate Filing Menu

Help



November 16, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: AWI HOLDINGS, INC.
REF: W18000100016

***Please provide original submission date
of 11/15/2018. Thank you!***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6050.

Laura A Wilson
OPS
Amendment Section

FAX Aud. #: H18000329237
Letter Number: 118A00023619

COVER LETTER

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

SUBJECT: AWI Holdings, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maggie Brislin

Name (Printed or typed)

1065 E. Morehead Street

Address

Charlotte, NC 28204

City, State & Zip

704.496.6526

Daytime Telephone number

mbrislin@JAHlaw.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)

ARTICLE I NAMEThe name of the corporation shall be: AWI Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

18401 NW 27th AvenueMiami, FL 33056**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful purpose.**ARTICLE IV SHARES**The number of shares of stock is: 300**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Larry Willis, President and Secretary

Name and Title: _____

Address 18401 NW 27th Avenue

Address: _____

Miami, FL 33056Name and Title: Scott Willis, Treasurer

Name and Title: _____

Address 2821 W. Lake Vista Circle

Address: _____

Davie, FL 33328Name and Title: Jeffrey Willis, Vice President

Name and Title: _____

Address 13041 SW 40th Street

Address: _____

Davie, FL 33330

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: Larry Willis
Address: 18401 NW 27th Avenue
Miami, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Larry Willis
Address: 18401 NW 27th Avenue
Miami, FL 33056

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

11/15/2018

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

11/15/2018

Date