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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 24 PM 1:40

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

From: Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

****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
CLOSEOUT SURPLUS AND SAVING SOUTH INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared ROSA L CARCHIDIO, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of CLOSEOUT SURPLUS AND SAVING SOUTH INC, a Florida corporation to be filed with the Florida Department of State on or about APRIL 23, 2019.
2. The undersigned hereby consents to and authorizes the use by CLOSEOUT SURPLUS AND SAVING SOUTH INC, of the name CLOSEOUT SURPLUS AND SAVING SOUTH INC.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

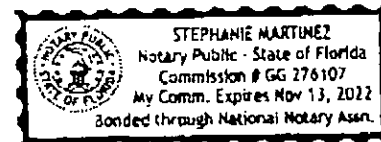
FURTHER AFFLIANT SAYETH NAUGHT.


ROSA L CARCHIDIO

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Rosa L Carchidio, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 23rd day of April, 2019.




Notary Public Signature

COVER LETTER

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

SUBJECT: CLOSEOUT SURPLUS AND SAVING SOUT 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: STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST SUITE 406,

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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 NAME

The name of the corporation shall be: CLOSEOUT SURPLUS AND SAVING SOUTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18001 N. BAY RD

APT 504

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

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

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: MS. ROSA L CARCHIDIO PRESIDENT

Name and Title: _____

Address 18001 N. BAY RD

Address: _____

APT 504

SUNNY ISLES BEACH FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
DIVISION OF CORPORATIONS
19 APR 24 PM 1:40

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 APR 26 PM 1:40

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MS. ROSA L CARCHIDIO

Address: 18001 N. BAY RD APT 504
SUNNY ISLES BEACH FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MS. ROSA L CARCHIDIO

Address: 18001 N. BAY RD APT 504
SUNNY ISLES BEACH FL 33160

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

Rosa L Carchidio
Required Signature/Registered Agent

04/23/2019

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.

Rosa L Carchidio
Required Signature/Incorporator

Date