

Florida Department of State
Division of Corporations
Electronic Filing Center

Corrected

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000144863 3)))



H190001448633ABC3

**DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:

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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Number : (305)675-5944

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

1 Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
A&A BUSINESS CONNEXION CORP.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic

Filing Menu

Corporate Filing Menu

Help

See Cond Register

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:A/A Business Connexion Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14473 SW 174 STMiami FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alejandro Amores Bermudez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALEJANDRO AMORES BERMUDEZ14473 SW 174 STMIAMI FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ALEJANDRO AMORES BERMUDEZ14473 SW 174 STMIAMI FL 33177

Required Signatures:

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



Registered Agent_____
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 § 817.155, F.S.



Incorporator_____
Date