

Division of Corporations

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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 : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407) 301-2659
Fax Number : (407) 846-0320

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

Email Address: brenda.mas@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION A R S HAULING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COMMERCIAL
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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: _____

ARS Hauling 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: _____

ARS Hauling Inc

Name (Printed or typed)

708 McKay Dr

Address

Haines City FL 33844

City, State & Zip

863-289-9583

Daytime Telephone number

brenda.mes@aol.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:

ARS Hauling IncARTICLE II PRINCIPAL OFFICE

Principal street address

708 McKay Dr
Haines City FL 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Lawful ActsARTICLE IV SHARES

The number of shares of stock is:

1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Adrian Ramos P.

Name and Title:

Address

708 McKay Dr
Haines City FL 33844

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Adrian Ramos
 Address: 708 McKay Dr
Haines City FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Ramos
 Address: 708 McKay Dr
Haines City, FL 33844

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/31/20 (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

Adrian Ramos 1/31/20
 Required Signature/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 s.817.155, F.S.

Adrian Ramos 1/31/20
 Required Signature/Incorporator Date