P21000011393

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



200357455852

01/11/21--01021--027 **87.50

2021 JAN 11 PH 3: 09

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 F/1 3:09

SUBJECT:	AMERICAN	VITERANS	Services	, INC.
	(PROPC	SED CORPORATE NAM	1E – <u>MUST INCLUDE S</u>	JFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

□ \$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: WI WIAM PACHECO Name (Printed or typed)
() ()
1930 N.W. 315T. #2
Address
MIAMI, FLORIDA 33142 City, State & Zip
City, State & Zip
305-755-2002
Daytime Telephone number
E-mail address: (to be used for Nature annual report notification)
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

- SON BACK

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

131 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4	INCIPAL OFFICE			
130 N.CC/ 3	Principal street address	<u></u>	ailing address, if different is:	
MINGII, F	C. 33142.			
oticisii bil		OTORANS O	RGANIZATION	<i>!</i>
			7021	
RTICLE IV SHA	RES Of stock is: 100		262) JAH 1 1	. ا بسید سید
	TAL OFFICERS AND/OR DIRECTO		PH 2: 0	
Name and T	newilliam Pactice, Pro	SOC Mame and Title:	9	
Address	1930 N.W. 31 5T. A	Address:		
	·			
Name and Tit	le:	Name and Title:		
Address				
		_		
	e:	Name and Title;		
Name and Titl				
Name and Titl		Address:		

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI _REGISTERI	ED ACENT
The name and Florida street	address (P.O. Box NOT acceptable) of the registered agent is:
Name: WIL	11, FL 33/42
Address: 1930	1N.W. 3187. #2
MIA.	11, FL 33/42
ARTICLE VII INCORPOR	<u>PATOR</u>
The <u>name and address</u> of the	Incorporator is:
Name: <u>W10</u>	LIAM PACHECO
Address: [93	30 N.W. 31 1 #2
ALC.	161AM PACHECO 30 N.W. 3157- #=2 AMI, FC 33142
ARTICLE VIII EFFECTION Effective date, if other than the	e date of filing: \(\begin{aligned} \text{AN (6, 202)} \(\text{OPTIONAL} \)
(If an effective date is listed, filing.)	the date must be specific and cannot be more than five days prior or 90 days after the
	his block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
Having been named as registe	red agent to accept service of process for the above stated corporation at the place designated in thi
	and accept the appointment as registered agent and agree to act in this capacity
Will for the	quired Signature/Registered Agent Date
	offirm that the facts stated herein are true. I am aware that the false information submitted in
	f State constitutes a third degree felony as provided for in s.817.155, F.S.
lequired Signature/Inforpora	Date 1/6/2021
required Signature/inporpora	Date /