## P2/0005790

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

Office Use Only



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## **COVER LETTER**

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

SUBJECT: All	R 911 INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:	
<b>©</b> \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
	ADDITIONAL COPY REQ		DE L'EQUIRED	
FROM:	MARIA RUIZ  Name (Printed or typed)  7750 SW 117TH STREET SUITE 203			
	Address			
	MIAMI FLORIDA 33183		IA.	
	City, 305 595-2407	State & Zip	TALLAHA	
	Daytime T	elephone number	2 2	
_	MARIAQUIROS9@HOTMAIL.COM		otification)	
	E-mail address: (to be used	d for future annual report n	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)

RTICLE II PRINC	CIPAL OFFICE			
	Principal street address	Mailing ad	dress, if different is:	
6730 SW 51 STREET MIAMI FLORIDA 33155		7750 SW 117TH AVE SUITE 203 MIAMI FLORIDA 33183		
	stock is: 100 @ \$1.00EA	<del></del>	ALLAHANGA	
	AL OFFICERS AND/OR DIRECTORS DE CARLOS SEOANE, PRES	Name and Title;	A A G	
Address	6730 SW 51 STREET	Address:	35 AFE	
	MIAMI FLORIDA 33155			
Name and Title		Name and Title:		
Address				
Name and Title	·	Name and Title:		
Address		Address:		

Name a	and Title:	Name and Title:	
Address		Address:	
		<del></del>	
			<del> </del>
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	CARLOS SEOANE	ore, or the registered agent is.	
Address:	6730 SW 51 STREET		
	MIAMI FLORIDA 33155		TALLAHAGEE, FL
			MI JUNIA AM 6: 35 TALLAHAGEEE, FL
	<u>INCORPORATOR</u>		
The <u>name and</u> :	address of the Incorporator is:		
Name:	CARLOS SEOANE		6.
Address:	6730 SW 51 STREET		「角 35
	MIAMI FLORIDA 33155		
ARTICLE VIII	EFFECTIVE DATE:	(OPTION)	AL)
(If an effective filing.)	if other than the date of filing: 06/25/2021 date is listed, the date must be specific and	cannot be more than five day	s prior or 90 days after the
Note: If the da	te inserted in this block does not meet the appl effective date on the Department of State's re-		ents, this date will not be listed as
Having-been na certificate, I am	nned as registered agent to accept service of pro- familiar with and accept the appointment as re	ocess for the above stated corpor egistered agent and agree to act	ation at the place designated in this in this capacity
Soft	_		06/09/2021
	Required Signature/Registered Ager	11	Date
	ocument and affirm that the facts stated herei Department of State constitutes a third degree		
24			06/09/2021
Required Signa	ture/Incorporator		Date

## P21000057970

June 9, 2021

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

Re: AIR 911 INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

-CÁRLÓS ŠÉOANE

CARLOS RUIZ
Notary Public-State of Florida
Commission # HH 74168
My Commission Expires
December 21, 2024