

P22000000159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

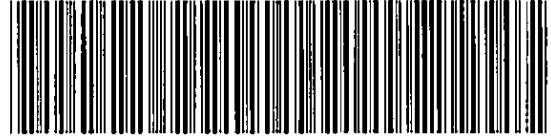
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900377659729

01/04/22--01001--013 \*\*87.50

TALLAHASSEE, FL

2022 JAN -3 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FL

RECORDED

2022 JAN -3 AM 8:25

FILED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AGS TRIP CORP

Signature \_\_\_\_\_

Requested by: SETH

12/28/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

☒ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

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

SUBJECT: AGS TRIP CORP.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Lynn B. Lewis, Esq

Name (Printed or typed)

1395 Brickell Avenue Suite 800

Address

Miami, Florida 33131

City, State & Zip

305-374-0148

Daytime Telephone number

lynnlewis@blpa.com

E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION

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

2022 JAN -3 AM 8: 25

ARTICLE I NAME

The name of the corporation shall be: AGS TRIP Corp.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

290 N.W. 165 Street, Suite M-400

290 N.W. 165 Street, Suite M-400

Miami, Florida 33169

Miami, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

To exercise all powers authorized for for-profit corporations under the Florida Business  
Corporation Act, Chapter 607, Florida Statutes or successor or statute.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alvaro A. da Silva P/Treas/Dir.

Name and Title: Salustiano C.L da Silva VP/Dir.

Address: 290 N.W. 165 Street,  
Suite M-400  
Miami, Florida 33169

Address: 290 N.W. 165 Street,  
Suite M-400  
Miami, Florida 33169

Name and Title: Elidia Hertzog da Silva Sec/Dir.

Name and Title: Mary Izrailov Asst. Secty

Address: 290 N.W. 165 Street,  
Suite M-400  
Miami, Florida 33169

Address: 290 N.W. 165 Street,  
Suite M-400  
Miami, Florida 33169

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: Lynn B. Lewis, Esq.  
Address: 1395 Brickell Avenue, Suite 800  
Miami, Florida 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lynn B. Lewis  
Address: 1395 Brickell Avenue, Suite 800  
Miami, Florida 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 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*

Lynn B. Lewis Required Signature/Registered Agent Jan 3, 2022  
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.*

Lynn B. Lewis Required Signature/Incorporator Jan 3, 2022  
Date

FILED  
2022 JAN -3 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL