

P22 000026491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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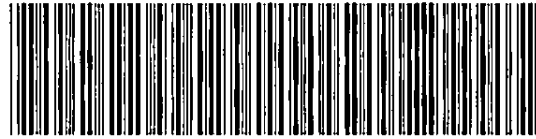
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/6 DANNY

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INC

1. AF ROAD SERVICES INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: AF Road Services Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: _____ Total Accounting Services
Name (Printed or typed)

14651 SW 148th Street Circle

Address

City, State & Zip

Miami Fl. 33196

Daytime Telephone number

(305) 495-8863

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

Taservices01@gmail.com

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)

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TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: AF Road Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7165 NW 186th Street
Apt A510
Hialeah FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Alejandro Jose Fernandez
Garcia -President

Name and Title:

Address

Address:

7165 NW 186th Street
Apt A510
Hialeah FL 33015

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: Alejandro Jose Fernandez Garcia

Address: 7165 NW 186th Street
Apt A510
Hialeah FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alejandro Jose Fernandez Garcia

Address: 7165 NW 186th Street
Apt A510
Hialeah FL 33015

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/05/2022 . (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

Alejandro Jose Fernandez Garcia

Required Signature/Registered Agent

Alejandro Fernandez Garcia

04/05/2022

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.

Alejandro Jose Fernandez Garcia

Required Signature/Incorporator

Alejandro Fernandez Garcia

04/05/2022

Date