

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000035134

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

Signature
5/13/22

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AAHRZ INC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

RECEIVED
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CORPORATIONS
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May 12, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AJ ACCOUNTING SERVICES, INC.

SUBJECT: AAHRZ INC
REF: W22000060818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000168292
Letter Number: 922A00010897

The Article of Incorporation has been executed
by an incorporator, please check the last page

COVER LETTER

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

SUBJECT: AAHRZ 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RUHHSANA ABDUL HAMIDName (Printed or typed)4800 PEMBROKE RDAddressWEST PARK, FL 33023City, State & Zip305-448-9584Daytime Telephone numberJABBOURACCTING@GMAIL.COME-mail address: (to be used for future annual report notification)

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

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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: AAHRZ INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4800 PEMBROKE RD

4800 PEMBROKE RD

WEST PARK, FL 33023

WEST PARK, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUKHSANA ABDUL HAMID, PD Name and Title: _____

Address 4800 PEMBROKE RD Address: _____

WEST PARK, FL 33023

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 MAY 12 PM 10:25

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RUKHSANA ABDUL HAMID
Address: 4800 PEMBROKE RD
WEST PARK, FL 33023

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RUKHSANA ABDUL HAMID
Address: 4800 PEMBROKE RD
WEST PARK, FL 33023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the 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



Required Signature/Registered Agent

05/10/2022
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.

RUKHSANA ABDUL HAMID

Required Signature/Incorporator

05/10/2022

Date

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