230000 2 lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000133932 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number ; (305)675-5944

**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 A & A BROTHERS ENTERPRISE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help





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: A &A BROTHERS ENTERPRISE CCIRP.

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

4250 SW 112ND AVE

MIAMI, FL 33165

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

SOFIA FARDALES-PRESIDENT

Address:

4250 SW 112ND AVE

MIAMI, FL. 33165

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is

Name:

SOFIA FARDALES

Address:

4250 SW 112ND AVE

MIAMI, FL. 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

SOFIA FARDALES

Address:

4250 SW 112ND AVE

MIAMI, FL. 33165

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

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date≒