

# P23000043335

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H23000198996 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268

Phone : (305)229-8256

Fax Number : (305)229-8252

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

Email Address: aixaffeites@bellsouth.net

RECEIVED

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION FLIPPING 305 CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

STATE PAYMENT  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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## COVER LETTER

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

**SUBJECT:** A & A Flipping Miami 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

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

**FROM:** ARES & COMPANY CPA  
Name (Printed or typed)

3636 SW 87 AVE  
Address

MIAMI, FL 33165  
City, State & Zip

305-229-8256  
Daytime Telephone number

AIXAFLEITES@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

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



June 2, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARES & COMPANY, C.P.A., P.A.

SUBJECT: FLIPPING 305 CORP  
REF: W23000077593

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L23000251838.

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

Rickey L Richardson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H23000198996  
Letter Number: 823A00012579

**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 Flipping Miami Corp

**ARTICLE II PRINCIPAL OFFICE**

2030 SW 103 CT Principal ~~street~~ address

Mailing address, if different is:

MIAMI, FL 33165

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AIXA FLEITES, PRESIDENT

Name and Title: \_\_\_\_\_

Address 2030 SW 103 CT

Address: \_\_\_\_\_

MIAMI, FL 33165

Name and Title: ARMANDO FLEITES, VP

Name and Title: \_\_\_\_\_

Address 2030 SW 103 CT

Address: \_\_\_\_\_

MIAMI, FL 33165

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2023 JUN -6 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_

Address 2030 SW 103 CT

Address: \_\_\_\_\_

MIAMI, FL 33165

Name and Title: ARMANDO FLEITES, VP

Name and Title: \_\_\_\_\_

Address 2030 SW 103 CT

Address: \_\_\_\_\_

MIAMI, FL 33165

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECURITY OF STATE  
TALLAHASSEE, FL 09101

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: AIXA FLEITES

Address: 2030 SW 103 CT

MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AIXA FLEITES

Address: 2030 SW 103 CT

MIAMI, FL 33165

**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:*

X

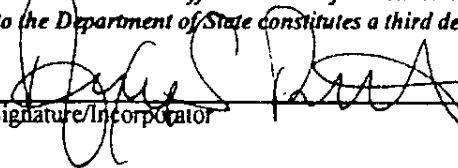


Required Signature/Registered Agent

6/6/23  
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.*

X



Required Signature/Incorporator

Date

6/6/23