

P23000057734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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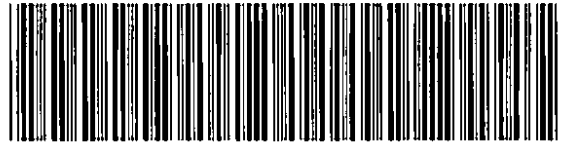
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRATION SERVICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA-9

Authorization Statement

07/27/2023

I Marvin Durand Am The Owner / President Of A & S SOCIAL CLUB, INC

Document Number PN95000000516 I have no intention of reinstating the dissolved corporation.

Should you have any further questions please contact me directly at the phone number below

Regards.



Owner

Marvin Durand

Phone: 754-264-6283

2201 Sw 14th Street Fort Lauderdale, Fl 33312

COVER LETTER

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

SUBJECT: A & S SOCIAL CLUB 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: MARVIN DURAND
Name (Printed or typed)
2201 SW 14TH STREET
Address
FORT LAUDERDALE, FLORIDA 33312
City, State & Zip
754-264-6283
Daytime Telephone number
VINDURAND5305@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: A & S SOCIAL CLUB INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
8350 SUNRISE LAKES BLVD SUITE 207
SUNRISE, FLORIDA 33322

Mailing address, if different is:
8350 SUNRISE LAKES BLVD SUITE 207
SUNRISE, FLORIDA 33322

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: 100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DURAND, MARVIN Name and Title: N/A

Address 8350 SUNRISE LAKES BLVD SUITE 207 Address:
SUNRISE, FLORIDA 33322

Name and Title: N/A Name and Title: N/A

Address Address:

Name and Title: N/A Name and Title: N/A

Address Address:

2023 JUL - 7 PM 5:10
100-100

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: DURAND, MARVIN
Address: 8350 SUNRISE LAKES BLVD SUITE 207
SUNRISE, FLORIDA 33322

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DURAND, MARVIN
Address: 8350 SUNRISE LAKES BLVD SUITE 207
SUNRISE, FLORIDA 33322

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
07/27/2023
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.

Required Signature/Incorporator
07/27/2023
Date

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