

To

9/27/23, 11:48 AM

Page 2 of 4

207 03 477

5, 08 C

13257 847

From Janet Av

P23000069744

Florida 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.

((H23000339622 3)))



H230003396223ABC/

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : T20000000146
Phone : (305)444-4994
Fax-Number : (305)328-4774

****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
AO SPACES INC

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

RECEIVED

2023 SEP 27 PM 1:45

Corporations

2023 SEP 27 AM 11:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AO SPACES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8400 NW 36TH ST #450 DORAL, FL 33166**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED
2023 SEP 27 AM 11:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADRIANA OLAVARRI (P)

Name and Title: _____

Address 8400 NW 36TH ST #450 DORAL, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ADRIANA OLAVARRIAddress: 8400 NW 36TH ST #450 DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ADRIANA OLAVARRIAddress: 8400 NW 36TH ST #450 DORAL, FL 33166

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*
Adriana Olavarri (Sep 26, 2023 12:25 PM)

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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Adriana Olavarri (Sep 26, 2023 12:25 PM)

Required Signature/Incorporator

Date _____

FILED
2023 SEP 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL