

P240000623263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

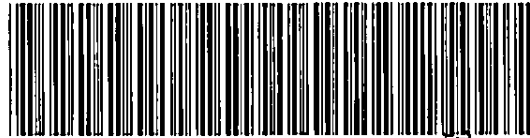
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2024 APR -3 AM 8:39  
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TALLAHASSEE, FLORIDA

AD

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Thank you Seth Neeley

Signature

Requested by:

Name

Date \_\_\_\_\_

Time

Walk-In

Will Pick Up

17. ~~Amador & Amador~~ - ~~Thom~~ 18419 SA & TC

\_\_\_\_\_ Art. of Inc. File \_\_\_\_\_  
 \_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
 \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
 \_\_\_\_\_ L.C. File \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
 \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
 \_\_\_\_\_ Merger File \_\_\_\_\_  
 \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
 \_\_\_\_\_ RA Resignation \_\_\_\_\_  
 \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
 \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
 \_\_\_\_\_ Cert. Copy \_\_\_\_\_  
 \_\_\_\_\_ Photo Copy \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Status \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
 \_\_\_\_\_ Corp Record Search \_\_\_\_\_  
 \_\_\_\_\_ Officer Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
 \_\_\_\_\_ Vehicle Search \_\_\_\_\_  
 \_\_\_\_\_ Driving Record \_\_\_\_\_  
 \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
 \_\_\_\_\_ Courier

## COVER LETTER

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

**SUBJECT:** A & F Consulting Enterprises, 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: Frank J Pazos  
\_\_\_\_\_  
Name (Printed or typed)  
  
5153 Palm Way  
\_\_\_\_\_  
Address  
  
Lake Worth Florida 33463  
\_\_\_\_\_  
City, State & Zip  
  
561-254-5416  
\_\_\_\_\_  
Daytime Telephone number  
  
Bobbysunshinestate@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 & F Consulting Enterprises, Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5153 Palm Way

Lake Worth FL 33463

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business in the state of Florida

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank J Pazos President

Name and Title: Amy Pazos VP/Secretary

Address 5153 Palm Way

Address: 5153 Palm Way

Lake Worth Florida 33463

Lake Worth Florida 33463

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2024 APR - 3 AM 10:39

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: Frank Pazos \_\_\_\_\_

Address: 5153 Palm Way \_\_\_\_\_

Lake Worth Florida 33463 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Frank Pazos \_\_\_\_\_

Address: 5153 Palm Way \_\_\_\_\_

Lake Worth Florida 33463 \_\_\_\_\_

**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*

⑧ Frank Pazos  
Required Signature/Registered Agent

March 14, 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.*

⑧ Frank Pazos  
Required Signature/Incorporator

March 14, 2023  
Date