

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P98000067841

AA County Fil-Wide, Inc.

* File First *

Signature _____

Requested by: _____

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DIVISION OF CORPORATIONS

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☒ Art of Inc. File _____
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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

of

AA COUNTY FIL-WIDE, INC.

(name of corporation)

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DIVISION OF CORPORATIONS

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The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

AA COUNTY FIL-WIDE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	ALEXANDER FILOSA	c/o	AA COUNTY FIL-WIDE, INC.
ADDRESS	2107 SOUTH FRENCH AVENUE		
CITY	SANFORD	FLORIDA	ZIP 32771

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	ALEXANDER FILOSA		
ADDRESS	2107 SOUTH FRENCH AVENUE		
CITY	SANFORD	FLORIDA	ZIP 32771

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ALEXANDER FILOSA		
ADDRESS	4270 ALOMA AVENUE, # 124-20B		
CITY	WINTER PARK	STATE FLORIDA	ZIP 32791
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ALEXANDER FILOSA		
ADDRESS	4270 ALOMA AVENUE, # 124-20B		
CITY	WINTER PARK	STATE	FLORIDA ZIP 32792
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 13th day of JULY, 1998.

Alexander Filosa (Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
COUNTY OF SEMINOLE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Alexander Filosa
Signature

DRIVERS LICENSE # 354 921 417
Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



CYNTHIA ANN CARILLI
My Comm Exp. 11/11/2000
Bonded By Service Ins
No. CC596556
☒ Personally Known ☐ Other ID

Witness my hand and official seal in the County and State last aforesaid this 13th day of JULY, 1998.

Cynthia Ann Carilli
Notary Signature
Cynthia Ann Carilli
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

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DIVISION OF CORPORATIONS

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AA COUNTY FIL-WIDE , INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2107 SOUTH FRENCH AVENUE

SANFORD, FLORIDA 32771

has named ALEXANDER FILOSA

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
state corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)