

19900073379

OFFICE USE ONLY (Document #)

LARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Q. P. S. ON THE PROFESSIONAL, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
99 AUG 17 PM 4:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 4, 1999

LAZARUS

MIAM, FL

SUBJECT: O.P.S. ON THE PROFESSIONAL, CORP..
Ref. Number: W99000018087

We have received your document for O.P.S. ON THE PROFESSIONAL, CORP..
However, the document has not been filed and is being returned for the following:

The articles of incorporation must be prepared in compliance with section
607.0202, Florida Statutes. Please refer to this section of the law.

Please return the original and one copy of your document, along with a copy of
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 199A00039586

RECEIVED
99 AUG 13 AM 11:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 13, 1999

LAZARUS

MIAMI, FL

SUBJECT: A & V SERVICE OF FLORIDA, CORP..
Ref. Number: W99000018840

We have received your document for A & V SERVICE OF FLORIDA, CORP..
However, the document has not been filed and is being returned for the following:

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. Simply adding "of Florida", or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 099A00041070



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 16, 1999

LAXARUS

MIAMI, FL

SUBJECT: A & V SERVICE CORP.
Ref. Number: W99000018973

We have received your document for A & V SERVICE CORP.. However, the document has not been filed and is being returned for the following:

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. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 699A00041277

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A & V PROFESSIONAL SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
14450 SW 156 AVE.
MIAMI, FL. 33196.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100. SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELBA CROVETTO
14450 SW 156 AVE.
MIAMI, FL. 33196

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99 AUG 17 PM 4:20
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

ELBA CROVETTO
14450 SW 156 AVE.
MIAMI, FL. 33196

ARTICLE VI DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

ELBA CROVETTO.- PRESIDENT
14450 SW 156 AVE.
MIAMI, FL. 33196

OSCAR LOBOS.- VICE-PRESIDENT
14450 SW 156 AVE.
MIAMI, FL. 33196

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this__
12 __ day of __AUGUST__, 1999.

CERTIFICATION OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is: A & V PROFESSIONAL SERVICE CORP.

2. The name and address of the registered agent and office is:

ELBA CROVETTO
(NAME)

14450 SW 156 AVE.
(PO. BOX NOT ACCEPTABLE)

MIAMI, FL. 33196
(CITY / STATE / ZIP)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

Elba Crovetto
8/12/99