

P 2500000598/

Florida Department of State
Division Corporations
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.

((H25000041262 3))



H250000412623ABCIV

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
AAA SERVICES CENTER CORP.

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

2025 FEB -3 PM 12:17
RECEIVED

RECEIVED

2025 FEB -3 PM 2:35

Electronic Filing Menu Corporate Filing Menu Help

T.J.H
2/4/25

AS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AAA SERVICES CENTER CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4310 SW 1st ST Coral Gables
FL: 33134

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

LEONEL MEDINA TRIANA (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leonel. MEDINA TRIANA.
4310 SW 1st ST Coral Gables
FL 33134

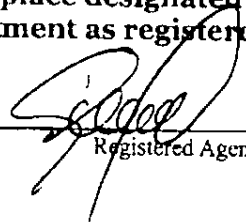
2025 FEB -3 PM 12:17

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LEONEL MEDINA TRIANA
4310 SW 1st ST Coral Gables
FL 33134

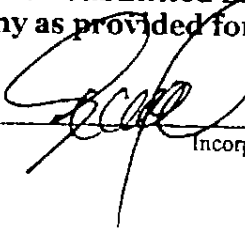
Required Signatures:

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



 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.



 Incorporator Date

2025 FEB -3 PM12:17
 [Faint vertical text, possibly a stamp or reference number]