

N22000000 773

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FL

1/31/22

COVER LETTER

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

SUBJECT: AMC PTO Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Janel Luciani

Name (Printed or typed)

12425 Sunset Drive

Address

Miami, FL 33183

City, State & Zip

786-389-8039

Daytime Telephone number

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: AMC PTO Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>12425 Sunset Drive</u> <u>Miami, FL 33186</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Non-profit parent and teacher organization for school fundraising and events.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Janel Luciani, President</u> Address: <u>12425 Sunset Drive</u> <u>Miami, FL 33183</u>	Name and Title: <u>Elly Valdes, VP</u> Address: <u>12425 Sunset Drive</u> <u>Miami, FL 33183</u>
Name and Title: <u>Elizabeth Catlin, Secretary</u> Address: <u>12425 Sunset Drive</u> <u>Miami, FL 33183</u>	Name and Title: <u>Veronica Ulloa, Treasure</u> Address: <u>12425 Sunset Drive</u> <u>Miami, FL 33183</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Ulloa & Company Professional Association

Address: 14050 SW 84 Street, suite 104

Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janel Luciani

Address: 12425 Sunset Drive

Miami, FL 33183

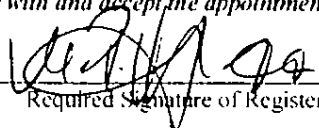
ARTICLE VIII EFFECTIVE DATE:

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.

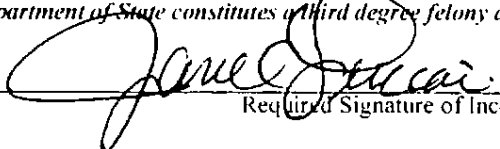
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature of Registered Agent

1/5/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

1/5/22
Date

N 22000000 773

GENERAL AFFIDAVIT

State of Florida

County of Miami-Dade

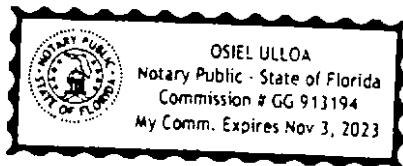
PERSONALLY came and appeared before me, the undersigned Notary, the within named Janel Luciani, who is resident of Miami-Dade County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

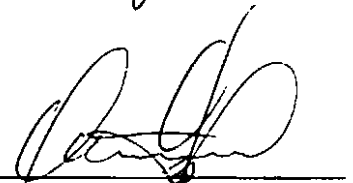
I, Janel Luciani, have no intentions of revoking the dissolution and now release the name to the nonprofit corporation to be filed.

DATED this 5th day of January, 2022


Signature of Affiant

SWORN to subscribed before me, this 5 day of January, 2022




NOTARY PUBLIC

My Commission Expires:
11/03/2023

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TALLAHASSEE, FL
FILED