

PA2000113514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

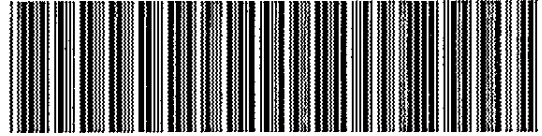
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800008499038

RECEIVED  
02 OCT 22 AM 10:33  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10/22/02--01026--016 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 OCT 22 PM 12:38

D. WHITE OCT 22 2002

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101  
(Address)

CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. An-Mi Services, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time    \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

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

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 22 PM 12:38

**ARTICLE I NAME**

The name of the corporation shall be:

An-Mi Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

640 FLAGAMI BLVD.  
MIAMI, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

ANA L. GARCIA (P/D)  
640 FLAGAMI BLVD.  
MIAMI, FL 33144

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ANA L. GARCIA  
640 FLAGAMI BLVD.  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

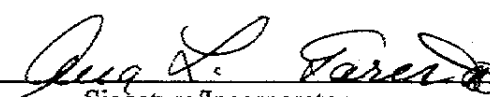
ANA L. GARCIA  
640 FLAGAMI BLVD.  
MIAMI, FL 33144

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

10-21-02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-21-02  
\_\_\_\_\_  
Date