

PO# 000146276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

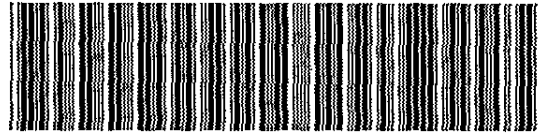
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

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

SUBJECT: Amato's Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Carol E. Amato

Name (Printed or typed)

1195 Clymil Dr

Address

Cantonment, FL 32533

City, State & Zip

850-937-6898

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AMATO'S CORP.

FILED
NOV 14 2006
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1195 CLYMIL DR CANTONMENT, FL 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Keep all monies earned separate from personal -
make a profit in independent contractor business and but not
limited to restaurant

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CROCE AMATO (PRESIDENT)
1195 CLYMIL DR
CANTONMENT, FL 32533

CAROL AMATO (VP)
1195 CLYMIL DR
CANTONMENT, FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CAROL AMATO
1195 CLYMIL DR
CANTONMENT, FL 32533

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL AMATO
1195 CLYMIL DR
CANTONMENT, FL 32533

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

Carol E. Amato

Signature/Registered Agent

11-14-06

Date

Carol E. Amato

Signature/Incorporator

11-14-06

Date