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TRANSMITTAL LETTER

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

100001856181
-06/07/96--01079--012
****122.50 ****122.50

SUBJECT: AMPA ENTERPRISES 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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: BUSANEE SUKKASEM
Name (printed or typed)

6111 LOST TREE CT
Address

ORLANDO FL 32808
City, State & Zip

407-351-9022
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN -7 PM 1:26

FILED

AL JUN 10 1996

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

ARTICLES OF INCORPORATION

FILED

96 JUL -7 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AMPA ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4933 SANDLAKE ROAD
ORLANDO FL 32819**

ARTICLE III SHARES

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

100,000 THOUSAND SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**BUSANEE SUKKASEM
6111 LOST TREE CT
ORLANDO FL 32808**

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

SUCHITTRA AMPA
6111 LOST TREE CT
ORLANDO FL 32808
(PRESIDENT)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6 day of JUNE, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: AMPA ENTERPRISES INC
2. The name and address of the registered agent and office is:

BUSANEE SUKKASEM
(NAME)
6111 LOST TREE CT
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
ORLANDO FL 32808
(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 designated 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)

6-6-96
(DATE)