

P96000095050
TRANSMITTAL LETTER

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

500002010555--2
-11/21/96--01014--002
****131.25 ****131.25

SUBJECT: A. M. A. Communications 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

RECEIVED

96 NOV 21 AM 8:40
DIVISION OF CORPORATION

FROM:

Oliver. TORRES
Name (Printed or typed)

167- W - MORGAN ST.
Address

WINTER GARDEN FL 32787
City, State & Zip

1407- 841- 5422 -
Daytime Telephone number

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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FILED

will wait

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

-nc 11-21-96

ARTICLES OF INCORPORATION

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:

A. M. A. COMMUNICATIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

222. HAZARD. STREET.
ORLANDO-FL. 32804. 3030

ARTICLE III SHARES

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

1000 - ONE THOUSAND -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Oliver. TORRES
167- W- MONTAN ST -
WINTER GARDEN FL 34787,

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CLERK OF DISTRICT COURT
JULIA A. BROWN

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):

Olive. Tonnes
167. W MONTEW ST.
WINTER GARDEN. FL 34787.

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

21 day of November, 19 86.

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

Olive Tonnes
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:

A.M.A. Communications Inc.

2. The name and address of the registered agent and office is:

Oliver Tonnes
(NAME)

167 W. Monroe St.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Winter Garden FL 32787
(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.

Oliver Tonnes
(SIGNATURE)

NOV-21-96
(DATE)