P10000042552

(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



000180903810

05/17/10--01042--004 **78.75



5-18-10 Ch

COVER LETTER

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

SUBJECT: Amorim	Enterprises, Inc.		
50 5 0201	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 of Status
		ADDITIONAL COPY REQUIRED	
		e (Printed or typed)	
363	32 Duck Avenue	Address	
. Ke	y West, FL 33040	. 255. 500	
<u></u>		, State & Zip	
516	6- 717 4537 516-728-640(
	Daytime 1	elephone number	
nca	morim@yahoo.com		
		ed for future annual report i	notification)

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

A ware of the sale

place of the contract of the same

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:

Amorim Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Nancy Amorim, 3632 Duck Avenue; Key West, FL 33040

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Security consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nancy Amorim 3632 Duck President,

Avenue; Key Secretary /

West, FL 33040 Treasurer

ARTICLE VI REGISTERED AGENT

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

Nancy Amorim, 3632 Duck Avenue; Key West, FL 33040

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Scott G. Adams, Esq., CPA

PO Box 520, 211 Ocean Point Road

East Boothbay, ME 04544

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

egistered Agent 5-10-10 Signature/Incorporator Date

#