

Division of Corporations

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**P14 0000026301**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000070901 3)))



H140000709013ABCW

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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 24 PM 2:00

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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14 MAR 24 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AMHEL CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

3/25/14

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Corporate Filing Menu

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## COVER LETTER

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

**SUBJECT:** AMHEL Corporation

(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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Susi Flaig

Name (Printed or typed)

7712 Countyline Road

Address

Odessa, Florida 33556

City, State & Zip

727-253-6265

Daytime Telephone number

susi.flraig@gmail.com

E-mail address: (to be used for future annual report notification)

**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: AMHEL Corporation

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
7712 Countyline Road  
Odessa, Florida 33556

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: holding company

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 24 PM 2:00

**ARTICLE IV SHARES** 200 shares  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Name and Title: | <u>Anna Flaig, Director</u>  | Name and Title: | <u>Anna Flaig, President</u> |
| Address         | <u>7712 Countyline Road</u>  | Address:        | <u>7712 Countyline Road</u>  |
|                 | <u>Odessa, Florida 33556</u> |                 | <u>Odessa, Florida 33556</u> |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |

(cont)

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address:        | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

**ARTICLE VI REGISTERED AGENT**

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

Name: Susi Flaig  
 Address: 7712 Countyline Road  
Odessa, Florida 33556

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Courtney L. Scanlon  
 Address: 140 Pearl Street, Suite 100  
Buffalo, NY 14202

*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*

By: Susi Flaig  
 \_\_\_\_\_  
 Required Signature/Registered Agent

03/24/2014  
 \_\_\_\_\_  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Courtney L. Scanlon  
 \_\_\_\_\_  
 Required Signature/Incorporator  
 Courtney L. Scanlon

03/24/2014  
 \_\_\_\_\_  
 Date