

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

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SUBJECT: A.M. D. Proferred Services, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Harry J D B 250
Name (Printed or typed)

2100 N.W. 82nd Way

Survise, Flz, 3332

- 748-2330

Daytime Telephone number

ODFED-1 PM 2

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

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ARTICLES OF INCORPORATION

The name of the corporation shall be:

<u>ARTICLE I</u>

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 802 - 102 N. University Prive # 62 Plantation Flz. 33322
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: 1
Signature/Interporator Date

A.M.D. Preferred Services

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

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/Registered Agent