

PO000029572

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112  
(Address)

CORAL GABLES, FLORIDA 33134  
(City, State, Zip)

(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMA CHATTELS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 MAR 23 AM 11:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION  
TALLAHASSEE, FLORIDA  
FILED  
00 MAR 23 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000003181470--0  
-03/23/00--01050--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

FILED  
00 MAR 23 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **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:

AMA Chattels, Inc.

### **ARTICLE II PRINCIPLE OFFICE**

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

1000 Ponce De Leon Blvd., Suite #108  
Coral Gables, Florida 33134

### **ARTICLE III SHARES**

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

Five Hundred (500) with a par value at One Dollar (\$ 1.00) each share

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the Initial registered agent is:

Armando Amador  
1000 Ponce De Leon Blvd., #108  
Miami, Florida 33134  
Tel. # (305) 443-1903

**ARTICLE V INCORPORATOR(S)**

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

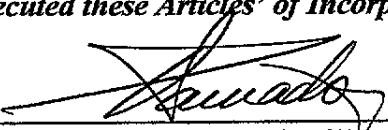
Armando Amador  
550 S.W. 131<sup>st</sup> Court  
Miami, Fl. 33184

**ARTICLE VI DIRECTOR(S)**

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

President  
Armando Amador  
550 S.W. 131<sup>st</sup> Court  
Miami, Fl. 33184

*The undersigned incorporator has executed these Articles' of Incorporation  
This 22<sup>nd</sup> Day of March, 2000.*

  
\_\_\_\_\_  
Armando Amador / President

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

AMA Chattels, Inc.

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

Armando Amador  
1000 Ponce De Leon Blvd., Suite #108  
Coral Gables, FL 33134

FILED  
00 MAR 23 PM 2:33  
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



DATE: MARCH 22, 2000