POLOGODES6152

FILED

01 HAY 31 AM 8: 21

SECRE TALLAHASSEE, FLORIDA

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

SUBJECT:	Amigo's Place	, に rate name - must include su	offix)	
			determinates I management	276 069017 *****70.00
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a	check for :	
⊠ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MARY F. Sanz Name (Pr	inted or typed)		
	5428 LIDO 5+			
Address				
	Orlando, FL City, S	32807 State & Zip	·	-

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

Daytime Telephone number

407-277-9661

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. O1 MAY 31 AM 8: 21 ARTICLE I NAME:	
The name of the corporation shall be: ARTICLE I NAME SECRE STATE TALLAHASSEE, FLORIDA	
Amiso's Place, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
5428 Lide St Orlando, FL 32807	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	
MARY F. Sanz 5428 LIDO St. Orlando, FL 32807	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	
MARY F. Sanz 5428 Libost Orlando, FL 32807	
Mary F. Saun 5/29/0) Signature/Incorporator Date	
(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

Date