## 100/06/MITALLETOR/653 01 AUG 15 AM 10: 21

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE FLORIDA

\*\*\*\*\*87.50

SUBJECT:	AGMC CORP. (Proposed corpor	rate name - must include suffi	x)
			1 00004536 -08/15/01 *****87.50
Enclosed is 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: ANDRE PIAZERA Name (Printed or typed)			
4421 SOUTH KIRKMANRD#202			
ORLANDO, FL 32811 City, State & Zip			
HO7-298-5517  Daytime Telephone number			

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

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## 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.

ARTICLE I NAME

The name of the corporation shall be:

AGMC CORP.

ARTICLE II PRINCIPAL OFFICE

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

4421 South Kirkman Rd # 202 - ORLANDO, FL 32811

ARTICLE III SHARES

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

**100 SHARES** 

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ANDRE FERNANDO PIAZERA 4421 South Kirkman Rd # 202 ORLANDO, FL 32811

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANDRE FERNANDO PIAZERA 4421 South Kirkman Rd # 202 ORLANDO, FL 32811

Signature/Incorporator

08/13/0 ( 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