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TRANSMITTAL LETTER

FILED

02 JUN 25 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: AMASTRIS LIQUIDATIONS, CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005930317--5
-06/24/02--01067--013
*****87.50 *****87.50

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: Norma Isabel Moran
Name (Printed or typed)

7520 S.W. 69th Ct.
Address

Miami, Florida 33143
City, State & Zip

(305) 663-09-92
Daytime Telephone number

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

2/e
6/25/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

AMASTRIS LIQUIDATIONS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7520 S.W. 69th Ct.
MIAMI, FL. 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL Legal commercial

ARTICLE IV SHARES

The number of shares of stock is:

75 shares - no parvalue

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Norma Isabel Moran
7520 S.W. 69th Ct.
MIAMI, FL. 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norma Isabel Moran
7520 S.W. 69th Ct.
Miami, FL. 33143

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



Signature/Registered Agent

June.17.02

Date



Signature/Incorporator

June.17.02

Date