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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

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TRANSMITTAL LETTER

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

SUBJECT: ASSOCIATED MANUFACTURERS OF CENTRAL FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANGUS C. SMITH

Name (Printed or typed)

1200 PINE HARBOR POINT CIRCLE

Address

ORLANDO, FL 32806

City, State & Zip

407 886-5254

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ASSOCIATED MANUFACTURERS OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2700 N. ORANGE BLOSSOM TRAIL, ORLANDO, FL 32804
P.O. BOX 561042, ORLANDO, FL 32856

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE
UNITED STATES AND STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

600 COMMON STOCK, PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ANGUS C. SMITH, PRESIDENT AND SECRETARY
ANGELA A SMITH, VICE PRESIDENT AND TREASURER

ARTICLE VI REGISTERED AGENT

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

ANGUS C. SMITH
1200 PINE HARBOR POINT CIRCLE
ORLANDO, FL 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGELA A SMITH
1200 PINE HARBOR POINT CIRCLE
ORLANDO, FL 32806

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

Date

Signature/Incorporator

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA