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| (Re | questor's Name) | | |
|---|-------------------|-------------|--|
| bA) | dress) | | |
| DA) | dress) | | |
| (Cit | y/State/Zip/Phone | → #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

CB 5-4-3

TRANSMITTAL LETTER

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

| SUBJECT: A & M CONSULTING AND TRAINING SERVICES, INC. | | | | |
|---|--|--|---|--|
| | (PROPOSED CORPORAT | E NAME – <u>MUSTINCL</u> | UDESUTTX) | |
| Enclosed are an orig | inal and one (1) copy of the artic | les of incorporation and | d 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 PPY REQUIRED | |
| FROM: | MIGDALIA PEREZ | Printed or typed) | | |
| | PMB 115 3906 W 12 AVE | ddress | <u></u> | |
| | HIALEAH, FL. 33012 | State & Zip | ······································ | |
| | 786.443.2111 | | | |

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

A & M CONSULTING AND TRAINING SERVICES, INC.

SEURÉTAIN DE STATE TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PMB 115

3906 W 12 AVE. HIALEAH, FL. 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SERVICES, CONSULTING AND TRAINING. FINANCING CONSULTING SERVICES AND SEMINARS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
MIGDALIA PEREZ
PMB 115
3906 W 12 AVE.
HIALEAH, FL. 33012

ARTICLE VI REGISTERED AGENT

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

MIGDALIA PEREZ

3906 W 12 AVE. HIALEAH, FL. 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGDALIA PEREZ

PMB 115

3906 W 12 AVE.HIALEAH, FL. 33012

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 :/Incorporator

Date