

P030000 83234

(Requestor's Name)

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(City/State/Zip/Phone #)

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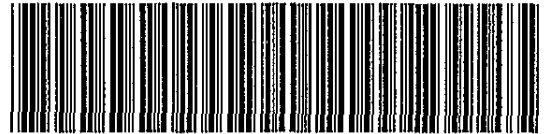
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

FILED
03 JUL 30 PM 2:22
TALLAHASSEE, FLORIDA

SUBJECT: A.M.S. 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
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: ADOLFO PALACIOS
Name (Printed or typed)

8104 SULLY DR
Address

ORLANDO, FL 32818
City, State & Zip

407-290-3373
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 23, 2003

ADOLFO PALACIOS
8104 SULLY DR
ORLANDO, FL 32818

SUBJECT: A.M.S.I.
Ref. Number: W03000020880

We have received your document for A.M.S.I. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

- Letter Number: 803A00042815

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: A.M.S.I. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
32 W. PINE ST. ORLANDO, FL 32801
Suite 228
MAILING ADDRESS P.O. Box 378 CLARCONA, FL 32710-0378

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ORIGINATE Mortgage Loans / Mortgage Broker.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JACKIE J. RAINEY
8104 Sully Dr.
Orlando, FL 32818
President,

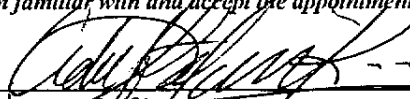
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Adolfo L. PALACIOS
6971 KNIGHTSWOOD Dr
Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: JACKIE J. RAINEY.
8104 Sully Dr
Orlando, FL 32818

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

7-16-2003
Date


Signature/Incorporator

7-16-2003
Date