

PO3 000099012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

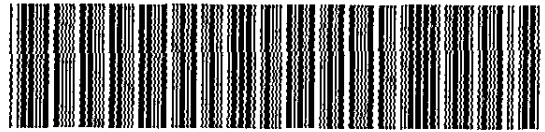
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/10/03--01021--007 \*\*78.75

RECEIVED  
03 SEP 10 AM 10:25  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 SEP 10 PM 12:26  
SEP 10 2003

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AMV TAX SERVICES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**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:  
AMV TAX SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
1485 WEST 46 STREET, # 5 15  
HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL BUSINESS PURPOSES ALLOWED WITHIN THE STATUTES OF THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:  
FIVE HUNDRES (500) SHARES OF ONE (1.00) DOLLAR.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
MERCEDES L. MARTINEZ PRESIDENT 100% SHARES  
1485 WEST 46 STREET # 5 15  
HIALEAH, FL 33012

**ARTICLE VI REGISTERED AGENT**


The name and Florida street address of the registered agent is:  
MERCEDES L. MARTINEZ  
1485 WEST 46 STREET # 5 15  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:  
MERCEDES L. MARTINEZ  
1485 WEST 46 STREET # 5 15  
HIALEAH, FL 33012

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TALLAHASSEE, FLORIDA  
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\*\*\*\*\*  
*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*

x   
Signature/Registered Agent

09-08-03  
Date

x   
Signature/Incorporator

09-08-03  
Date